Iowa's Application to the Edward Byrne Memorial Justice Assistance Grant (JAG) Program FFY 2011

CFDA 16.738

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ACKNOWLEDGMENTS

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Competitive grant applications reviewed and funding decisions made			X				X		
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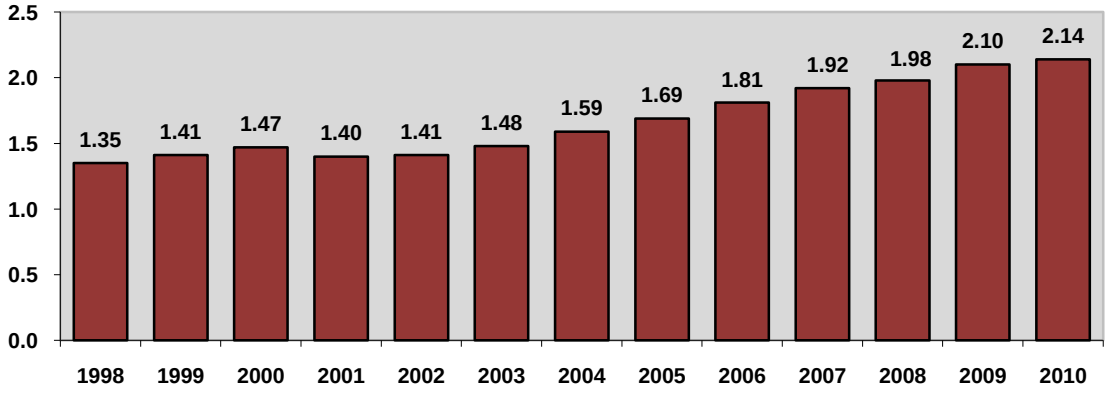
Data and Analysis of Need

Iowa's Adult Population
Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by adults in Iowa. Research from the Behavioral Risk Factor Surveillance System compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to, the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, are presented below.

Figure 1 – Distilled Spirits Sales in Gallons per Capita (age 21+), SFY 1998 – 2010

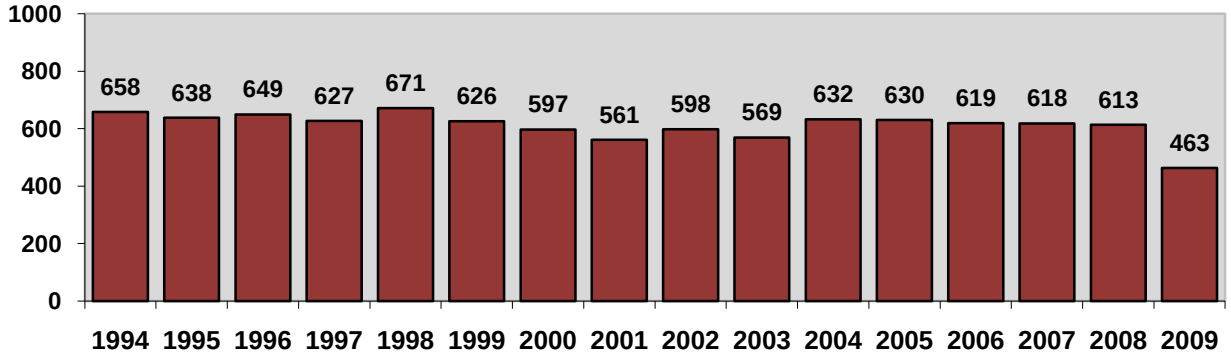


Source: Iowa Department of Commerce, Alcoholic Beverages Division

Figure 1 displays data compiled by the Iowa Department of Commerce, Alcoholic Beverages Division, reporting the sale of distilled spirits within the State of Iowa, and represents by inference the consumption of those beverages by adult Iowans. Figure 1 indicates that since 1998 alcohol consumption has steadily increased (58.5% over the past twelve years) reaching its current high of 2.14 gallons per capita in FY 2010. This translates to the average Iowan, over the age of 21, consuming a total of 2.14 gallons of distilled spirits, 1.86 gallons of wine, and 37.2 gallons of beer.

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

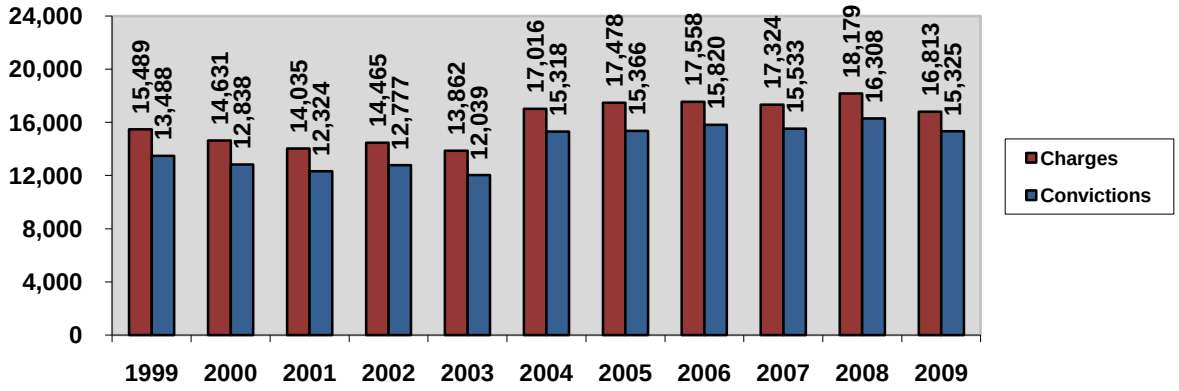
Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2009



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2009, more arrests were made in Iowa for Operating While Intoxicated (OWI) than for any other single criminal offense. The OWI arrest rate has remained consistently high for over 15 years. See Figure 2.

Figure 3 – Reported Number of OWI Charges Disposed and Number of OWI Convictions, CY 1999 – 2009

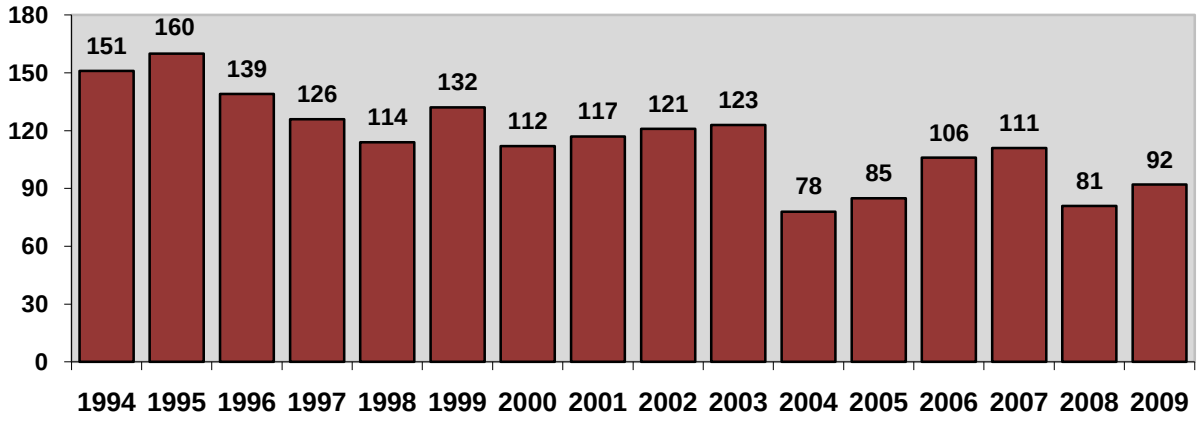


Source: Division of Criminal and Juvenile Justice Planning

**Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges disposed and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI arbitrations represent a significant proportion of the criminal caseload in Iowa courts. In 2009, OWI represented 20.5% of the charges disposed and 30.4% of the overall convictions for serious misdemeanors and above. See Figure 3.

Figure 4 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 – 2009

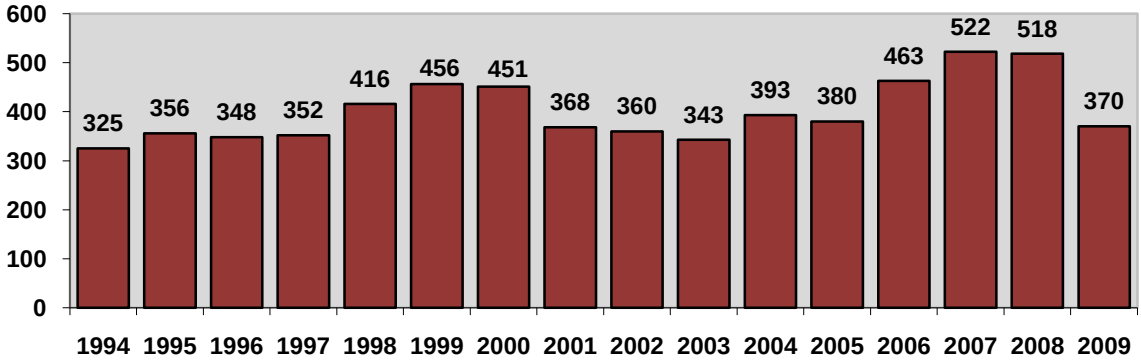


Source: Iowa Department of Public Safety

Alcohol related motor vehicle fatalities reported by the Iowa Department of Public Safety, Governor's Traffic Safety Bureau (GTSB), have varied significantly over the reporting period. However, the fatality rates for this period remain considerably lower than those reported for the previous 10 years. In 2009, the GTSB reported a 13.6% increase in alcohol-related fatalities. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals that following several years of decline, the record high occurred in 2007. The rate has decreased again since. See Figure 5.

Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2009



Source: Iowa Department of Public Safety

The Iowa Department of Public Health (IDPH) Division of Behavioral Health requires all licensed substance abuse treatment providers to report data on services provided through the SARS/I-SMART data system. Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post-treatment outcome measures. See Figures 6a and 6b.

Figure 6a - Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2010

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	1,343 *(33.7%)*	24,968 *(61.0%)*	58.6%
Marijuana	2,407 *(60.4%)*	8,843 *(21.6%)*	25.0%
Methamphetamine	47 *(1.2%)*	3,903 *(9.5%)*	8.8%
Cocaine/Crack	16 *(0.4%)*	1,284 *(3.1%)*	2.9%
Other/Unknown	170 *(4.3%)*	1,945 *(4.8%)*	4.7%
Total			100 %

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 6b - Primary Substance of Abuse for Adult and Juvenile Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2010

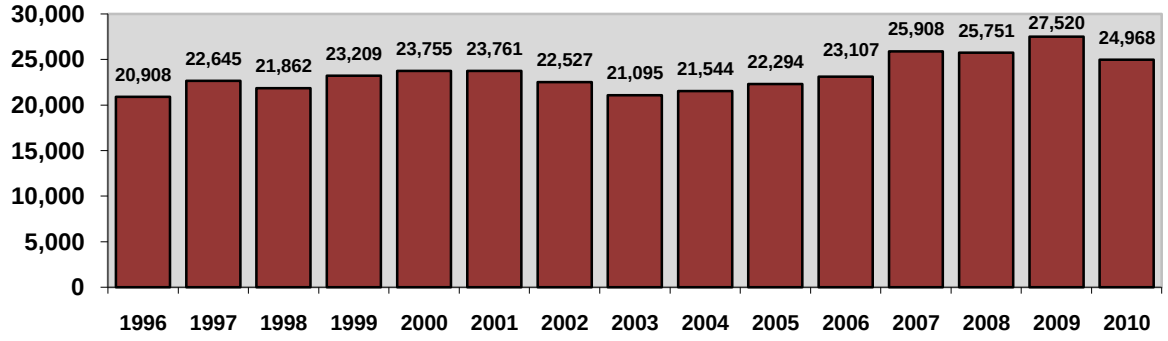
Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
1992	85.0%	7.0%	1.0%	5.0%	0.5%	1.5%	22,471
1993	82.0%	9.0%	1.3%	5.0%	0.7%	2.0%	22,567
1994	78.0%	11.0%	2.2%	6.0%	0.8%	4.0%	25,328
1995	69.0%	14.3%	7.3%	6.0%	0.7%	2.7%	29,377
1996	64.0%	18.1%	9.1%	6.0%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60.0%	20.0%	12.0%	6.0%	0.5%	1.5%	38,347
1999	63.0%	20.0%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	0.6%	1.9%	43,692
2006	55.9%	22.8%	13.6%	5.1%	0.5%	2.2%	44,863
2007	58.3%	22.5%	10.7%	5.2%	0.4%	2.9%	47,252
2008	61.9%	22.7%	7.5%	4.5%	0.4%	2.9%	44,528
2009	61.4%	23.2%	7.8%	3.7%	0.5%	3.4%	44,849
2010	**58.6%**	**25.0%**	**8.8%**	**2.9%**	**0.7%**	**4.0%**	**44,904**

**In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

According to the IDPH Division of Behavioral Health substance abuse data system, the number of clients screened/admitted for substance abuse treatment in Iowa remains high. IDPH reported 44,904 clients screened/admitted in FY 2010, double the number 17 years ago. See Figure 6b. Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted six months after discharge, the abstinence rate in 2009 was 56.4 %, the employment rate was 38.6% and 79.8% of treatment clients were arrest free during this time period.

Figure 7– The Number of *Adult* Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2010

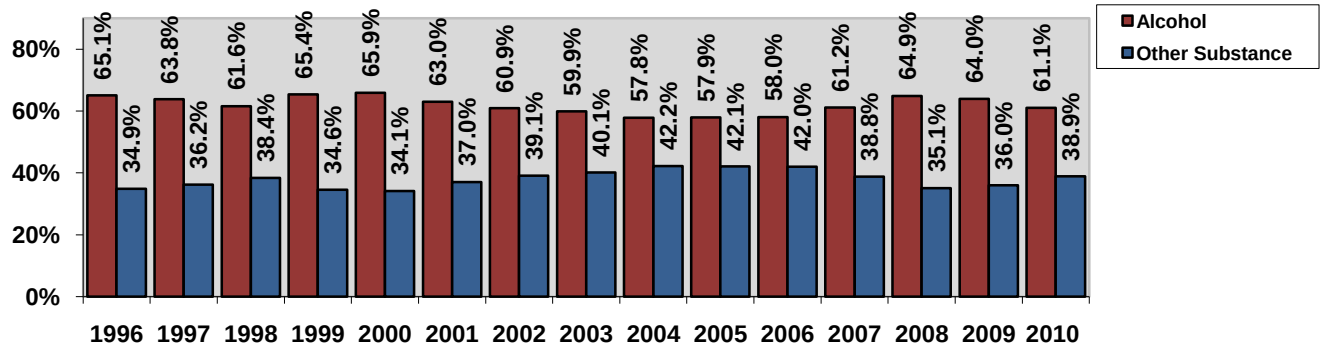


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

IDPH data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol increased 30.5% from 2003 to 2009. More people were screened/admitted for alcohol in 2009 than any other year since 1992. See Figures 6b and 7.

In the late 1990s, a *percent* of total screens/admissions, alcohol lost ground to other drugs such as marijuana, methamphetamine, and cocaine. This was due to the fact that screenings/admissions reported for these drugs increased at a rate greater than that of alcohol. In the past few years, however, alcohol admissions have increased and the percentage has remained steady. As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2%. See Figure 8.

Figure 8 – Primary Substance of Abuse for *Adults* Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies

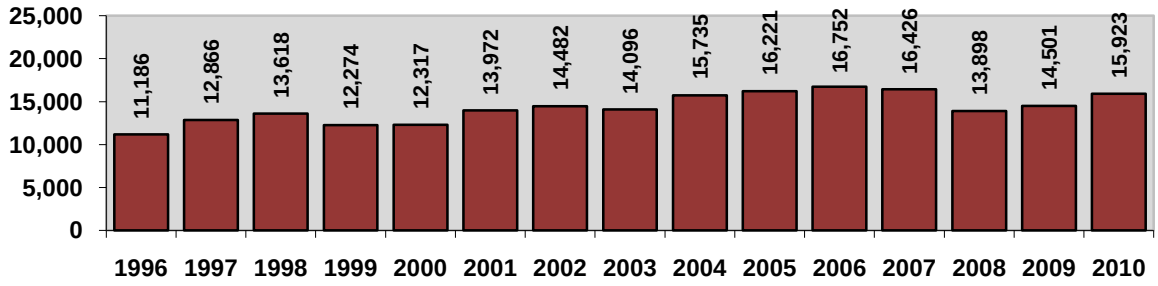
have found that alcohol is considered a contributing factor in the commission of a variety of criminal offenses.

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse by adults in Iowa. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains disproportionately high. The number of OWI arrests and OWI court arbitrations continue to burden the court system, representing 30.4% of the convictions for indictable misdemeanors and felonies.

Illegal Drug Use in Iowa – General Indicators of the Trend in Adult Drug Abuse in Iowa

Several data indicators may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. IDPH, Division of Behavioral Health, SARS/I-SMART data indicates the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 36.5% from SFY 1999 to SFY 2006. That number decreased for two years and rose again the past two years. That trend is displayed in Figure 9.

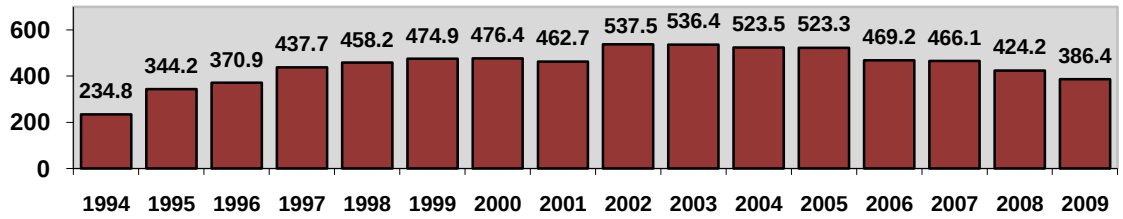
Figure 9– Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. While a slight reduction was reported in each of the past six years, the arrest rate for drug offenses remains far higher than the rate reported by DPS in 1994. See Figure 10.

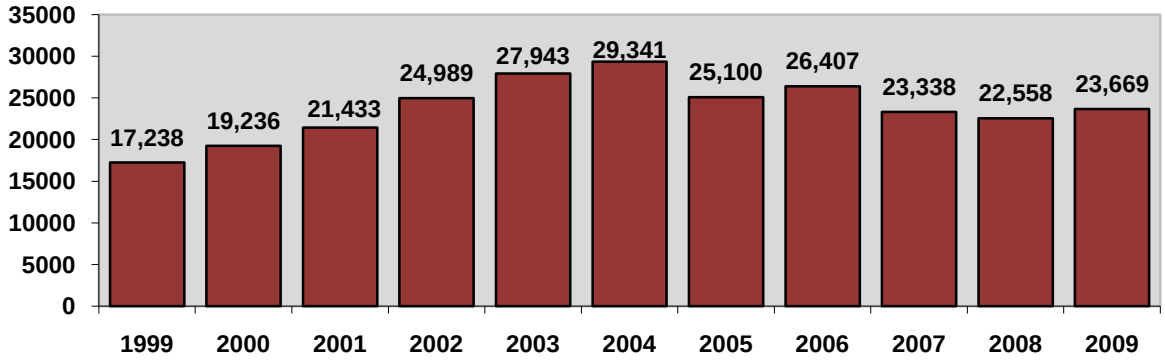
Figure 1 – *Adult* Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2009



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trends in substance abuse as they relate to Iowa's District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

Figure 11–Drug Charges Disposed, CY 1999 – 2009

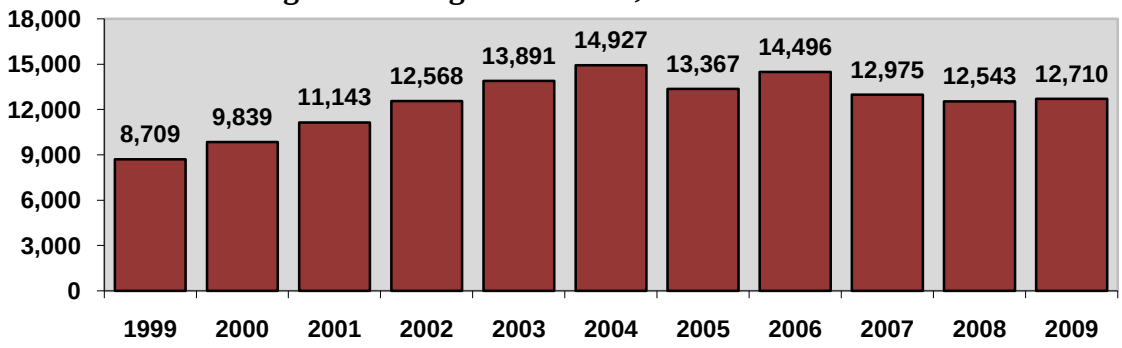


Source: Criminal and Juvenile Justice Planning

**Charges and convictions included in Figures 11 and 12 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays a 19.3% decrease from 2004 to 2009 in the number of indictable misdemeanor and felony drug charges disposed by the Iowa District Court. Drug related convictions increased slightly. See figure 12. Despite the recent reduction, drug cases constitute a significant proportion of the court docket in Iowa, representing 28.8% of the charges and 25.2% of the convictions for indictable misdemeanors/felonies in CY 2009.

Figure 2 –Drug Convictions, CY 1999 – 2009



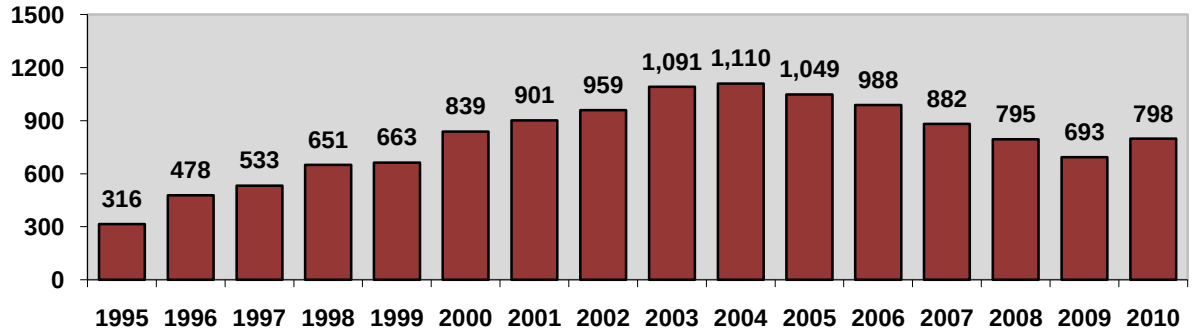
Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning. This data shows a 248% increase in drug-related prison admissions from 1995 to 2004. Beginning in 2005, drug related prison admissions began to decline largely due to a drop in meth-related admissions, which was driven by a decline in meth lab incidents. However, with a recent resurgence of meth lab incidents, drug-related prison admissions are again on the rise.

Detail on drug–related prison admissions by drug type was available beginning with SFY 2005 and is discussed later in this section. It should be noted that data in this section does not include

alcohol. As the most abused substance in Iowa, including alcohol would significantly increase these figures.

Figure 3 – Drug-Related Prison Admissions, FY 1995 – 2010



Source: Criminal and Juvenile Justice Planning

The data in Figure 13 relate to the number of offenders admitted to prison with a drug offense as their lead charge. Data from a number of other studies have clearly demonstrated the connection between drug use and crime. In a study conducted by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2010, the Department of Corrections provided substance abuse treatment to only 57.5% of the addicted custodial inmates and 49.4% of the addicted offenders in community corrections. See Figure 14.

Figure 4 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY 2003 – FY 2010

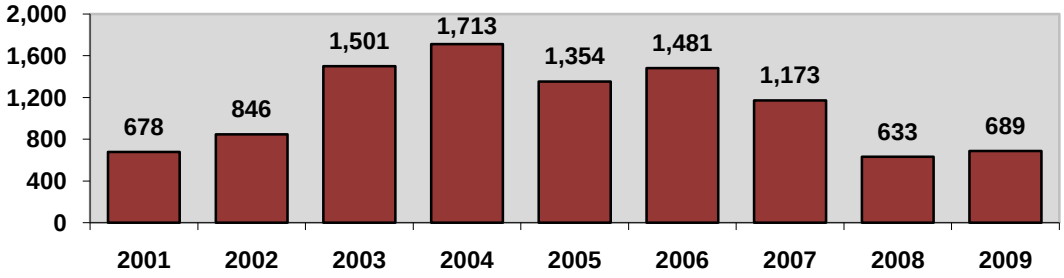
	2003	2004	2005	2006	2007	2008	2009	2010
Institutions								
•Inmates in need of treatment	3,556	4,074	4,369	4,713	4,374	4,441	4,440	3,887
•Inmates who received treatment	2,279	2,646	2,669	2,936	2,618	2,615	2,535	2,235
•Percent	***64%***	***64.9%***	***61.1%***	***62.3%***	***59.9%***	***58.9%***	***57.1%***	***57.5%***
Community Corrections								
•Clients in need of treatment	8,762	10,299	11,920	12,650	12,921	13,047	12,434	12,509
•Clients who received treatment	4,734	5,413	5,855	6,201	6,367	6,315	6,243	6,176
•Percent	***54.0%***	***52.6%***	***49.1%***	***49.0%***	***49.3%***	***48.4%***	***50.2%***	***49.4%***

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports

on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed or founded child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 15 and 16.

Figure 5 - Confirmed or Founded Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2009



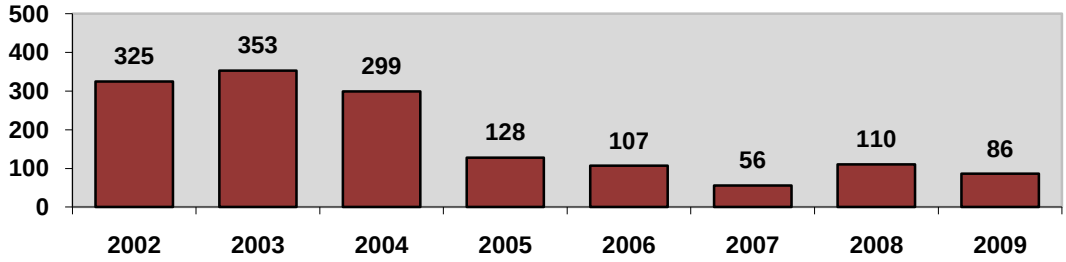
Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases. *Beginning in 2008 DHS began drug testing fewer children (see below).*

The number of confirmed or founded child abuse cases involving the presence of illegal drugs in a child's body rose sharply from 2001 to 2004. In the years since, the number of reported cases has varied, but remains well below the record high reported in 2004. In 2008, DHS discontinued the practice of testing all children for the presence of drugs, which may account for the significant drop in numbers.

While a relatively new measure, the number of confirmed or founded child abuse cases involving a caretaker's manufacturing of illegal drugs, specifically meth, decreased from 2003 to 2007. This number, like other meth statistics, was driven down by the reduction in meth labs across the State. However, along with the rise in meth lab incidents in 2008 and 2009, the number of children affected by meth labs rose sharply. See Figure 16.

Figure 6 – Confirmed or Founded Child Abuse Involving Caretaker's Manufacture of Illegal Drugs CY 2002-2009



Source: Department of Human Services

**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart shows only Confirmed cases.*

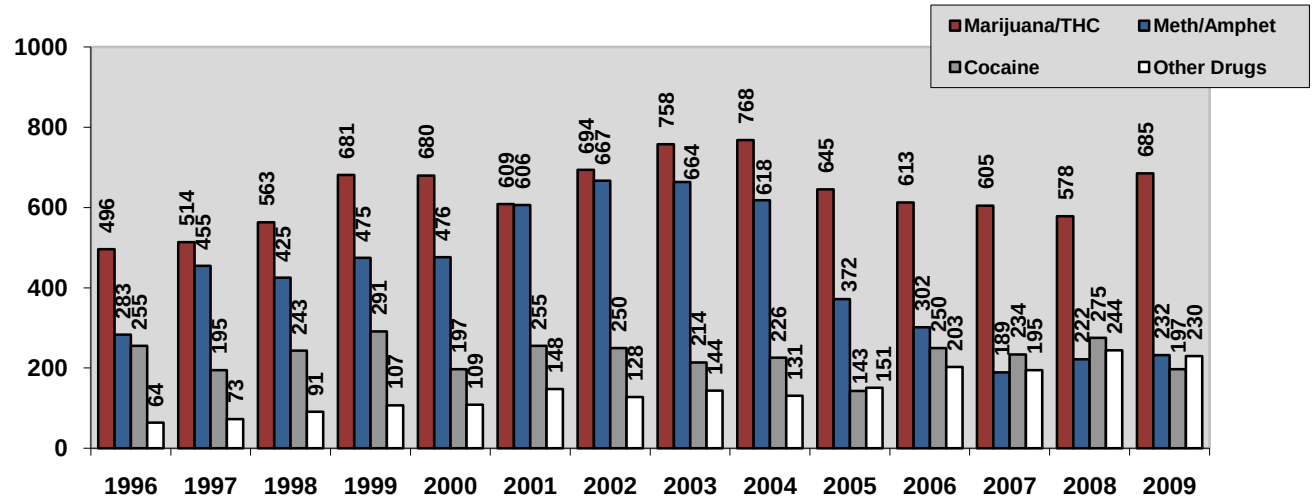
Drug Specific Indicators Data

Marijuana

Data indicate that marijuana is the most prevalent illegal drug and after alcohol, the second most used/abused substance by adults in Iowa. It also appears as though marijuana has held this distinction for quite some time.

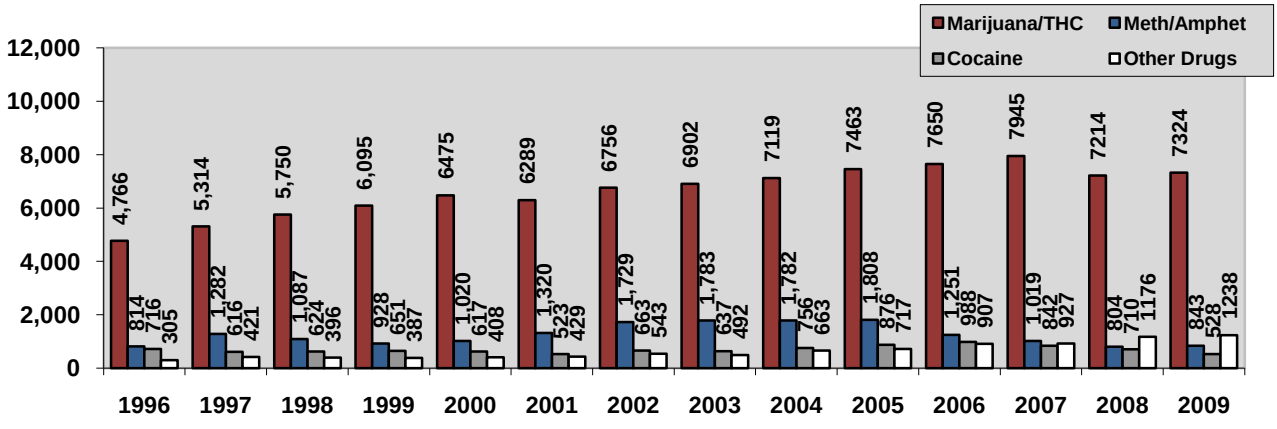
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

Figure 7 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1996 - 2009



Source: Iowa Department of Public Safety

Figure 8 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1996 –2008



Source: Iowa Department of Public Safety

Figures 17 and 18 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. In CY 2009, nearly 51% of reported arrests for offenses of manufacture/distribution of drugs, where the drug type was known, involved

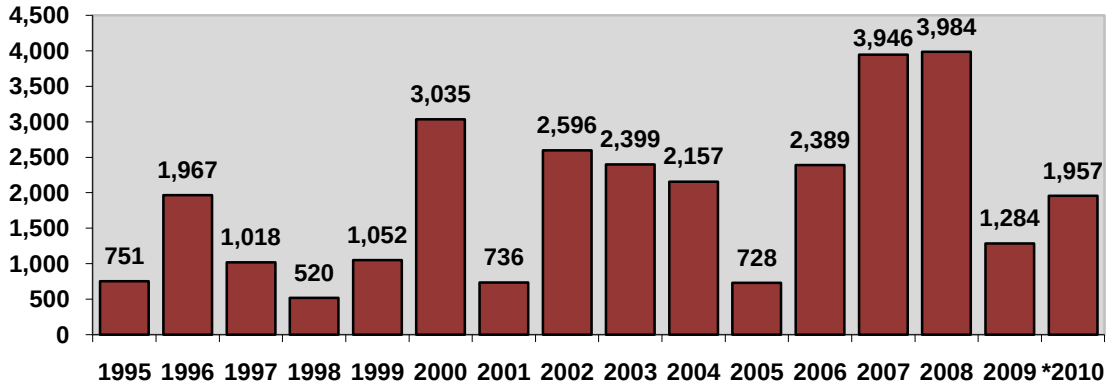
marijuana. Further, 73.7% of reported offenses for possession/use of drugs, where the drug type was known, involved marijuana.

Law enforcement officials have also reported that the potency of marijuana has increased in recent years. The Division of Criminal Investigation Criminalistics Laboratory reports that most of the marijuana it currently sees is made up primarily of the buds of the female plants, versus marijuana of the past which also contained inactive particles such as leaves and stems. The buds contain the delta-9-tetrahydrocannabinol (THC), which is the primary psychoactive chemical in marijuana. This change represents a significant increase in the potency of this drug which is expected to have more acute personal and societal consequences.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving possession or use of marijuana have increased each year from 1994 to 2007. 2008 was the first year Iowa saw a decrease in that number, but it rose again in 2009. There was a steady decline in marijuana manufacturing/distribution offenses since a peak in 2004, but that number rose by 18.5% in 2009.

The Iowa Division of Narcotics Enforcement (DNE) reported a new high in marijuana seizures in 2008. Marijuana seizures reported by DNE have fluctuated, but generally remain significantly higher than that reported in the mid and late 1990s. See Figure 19.

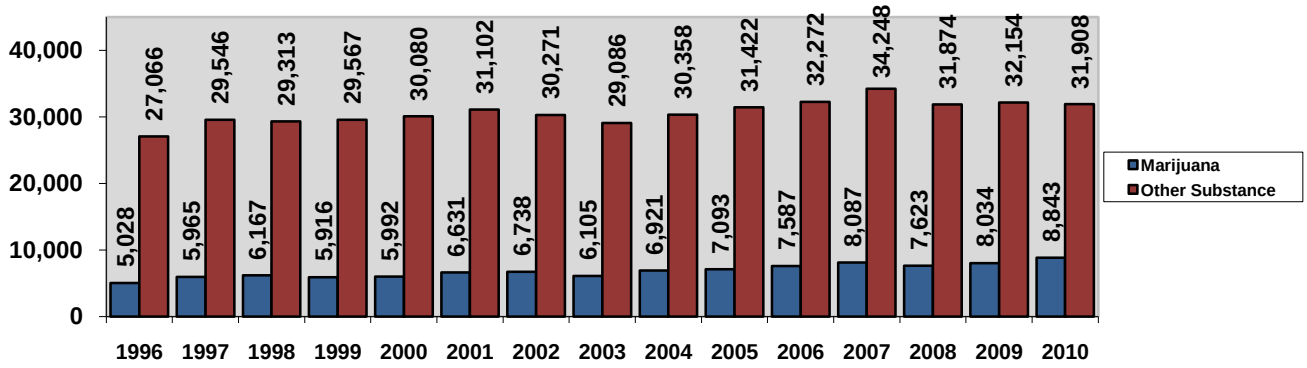
Figure 19 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1995 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2010. See Figure 20. This data reinforces the fact that despite common misconceptions, marijuana can be an addictive drug.

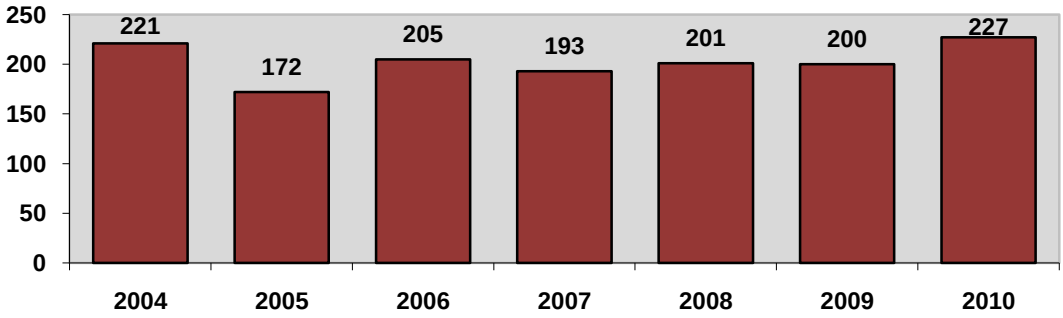
Figure 9– Primary Drug of Abuse for *Adults* Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Between state fiscal year 1996 and 2010, the IDPH, Division of Behavioral Health, reported a 75.9% increase in the number of clients screened/admitted with marijuana as their primary drug of choice.

Figure 10 – Marijuana-Related Prison Admissions SFY 2004 - 2010



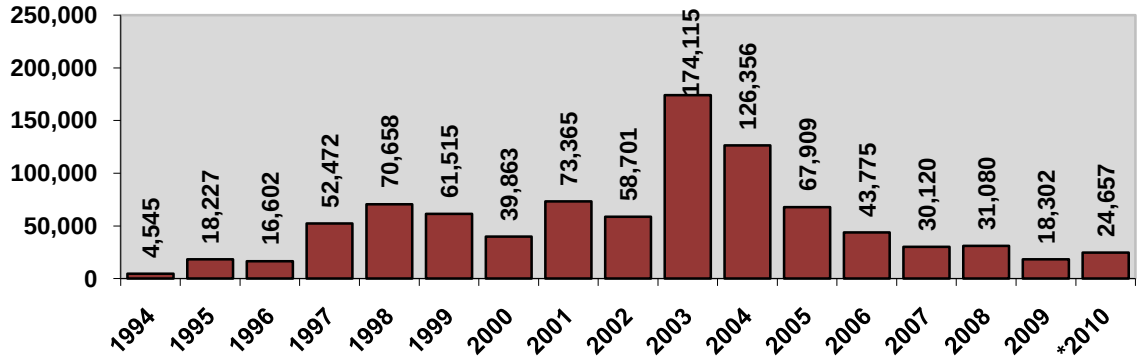
Source: Criminal and Juvenile Justice Planning

For the period of time for which data is available, marijuana-related prison admissions increased from 16% to nearly 29% of the drug related admissions. Based on the data presented in this section, it is clear that marijuana is the drug of choice for the majority of adult Iowans who use illegal drugs; however, comparatively few are admitted to prison with a primary charge related to marijuana.

In a recent review of Iowa workplace drug test results, marijuana was the drug for which Iowa workers most frequently tested positive. Of the positive drug tests reported to the Iowa Department of Public Health over the past 7 years, nearly 60% were positive for marijuana. The next most prevalent drug was meth, at 15.8%.

Amphetamine/Methamphetamine

Figure 11 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – *2010



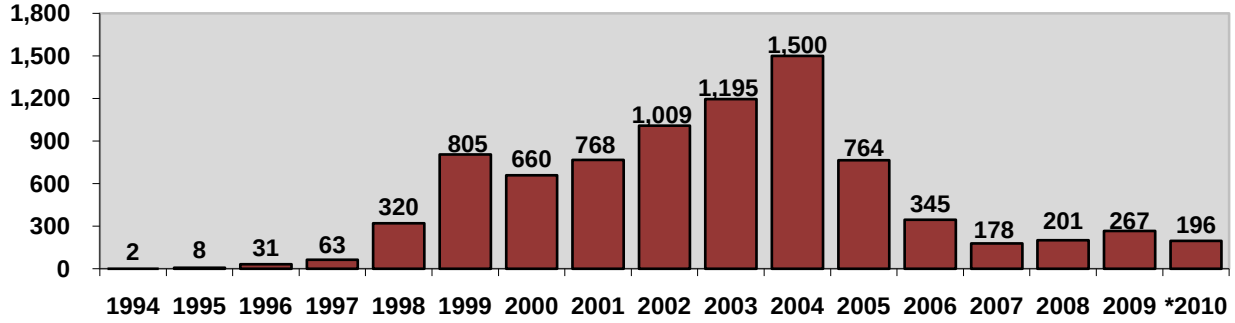
**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

Figure 22 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003, the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. Since its peak in 2003, seizures of methamphetamine decreased every year until 2008. As the number of meth labs gradually increases again, so does the number of grams seized – as illustrated by 2010 year-to-date data.

The data displayed in Figure 23 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement through calendar year 2004. In 2004, state and local law enforcement responded on average to 125 methamphetamine laboratories per month, or four per day. Since the rapid decline of meth lab incidents hit a low in 2008, there has been a modest resurgence in meth lab activity. One new development that may affect the prevalence of meth labs in the future is the emergence of new methods of manufacturing meth, called "shake 'n bake" and "one-pot" cooks. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than other production methods.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources is directed at responding to clandestine laboratories. In 2005, the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. Through September 30, 2009, law enforcement in Iowa reported an 87% reduction in clandestine labs when compared to calendar year 2004. Because of the resurgence of meth labs, this percentage will likely decrease in coming months and years.

Figure 12 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 24 indicate that the price of methamphetamine per gram has fluctuated over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa seizures. Crystal methamphetamine smuggled into Iowa from Mexico and the Southwest U.S. has grown in recent years. The increase in crystal meth or "ice" is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute. The new one-pot and shake-n-bake methods of producing meth are also reportedly producing purer meth.

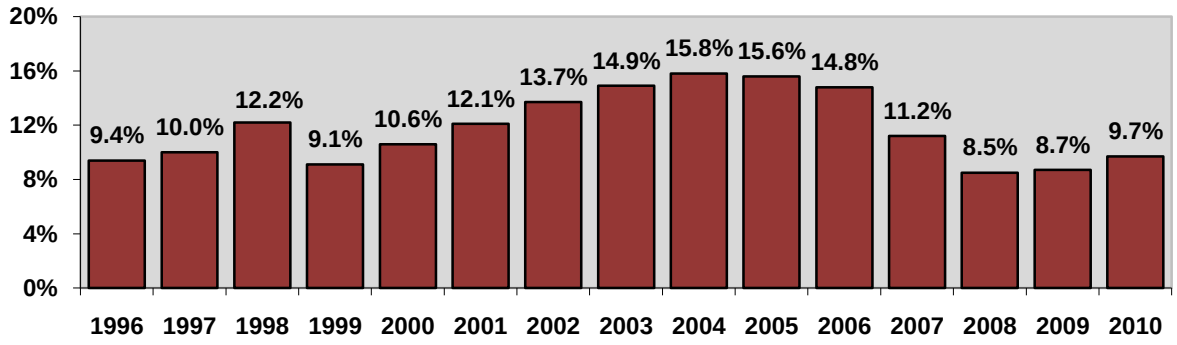
Figure 13 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1996 – *2010

	1996	1998	2000	2002	2004	2006	2008	*2010
Price	$135	N/A	$90	$100	$100	$120	$123	$130
Purity	43%	14%	25%	16%	33%	40%	40%	78%

**Calendar year 2010 through September 30*
Source: Iowa Counterdrug Task Force

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures that are made closer to the production source in the drug distribution chain tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity and there are anomalies.

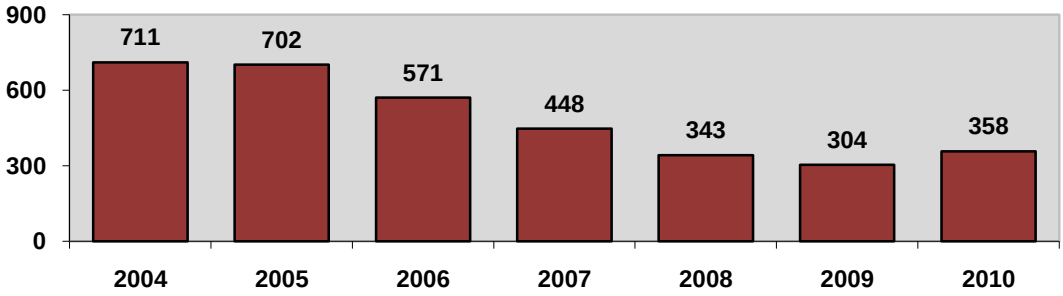
Figure 25– Percentage of *Adults* Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Prior to the emergence of what has been referred to as Iowa's "methamphetamine epidemic" in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the IDPH Division of Behavioral Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. As a percent of all screens/admissions, methamphetamine had diminished until 2008 when it reached its lowest point (8.5%) since the meth epidemic began. However, along with the increase in meth lab activity, the percentage has begun to rise again. See Figure 25.

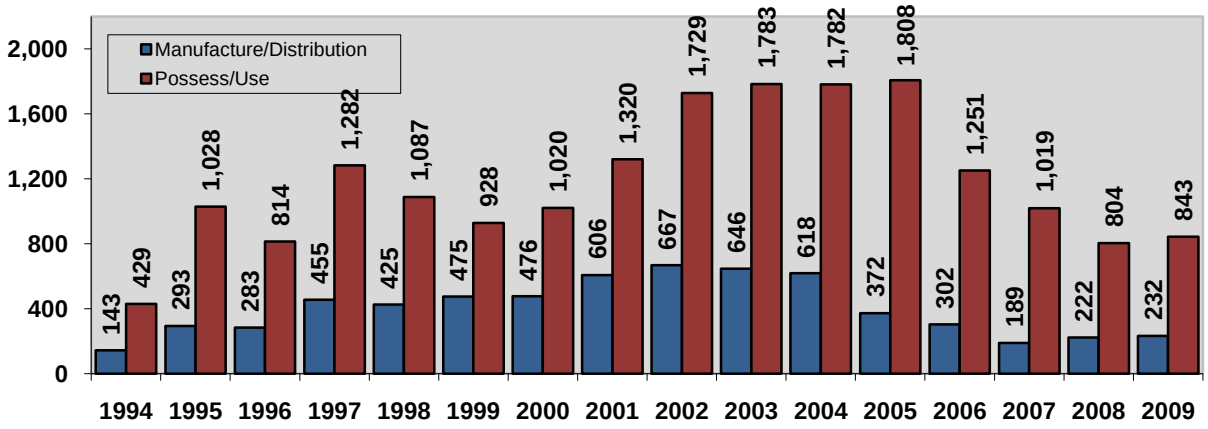
Figure 26 – Methamphetamine-Related Prison Admissions SFY 2004 - 2010



Source: Criminal and Juvenile Justice Planning

Along with the rise in meth lab incidents, the number of meth related prison admissions is on the rise again. From 2004 to 2009, methamphetamine-related prison admissions had decreased 57.9%. This reduction had driven down the drug-related prison admissions reported in recent years. See Figures 26 and 13.

Figure 27– Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2009



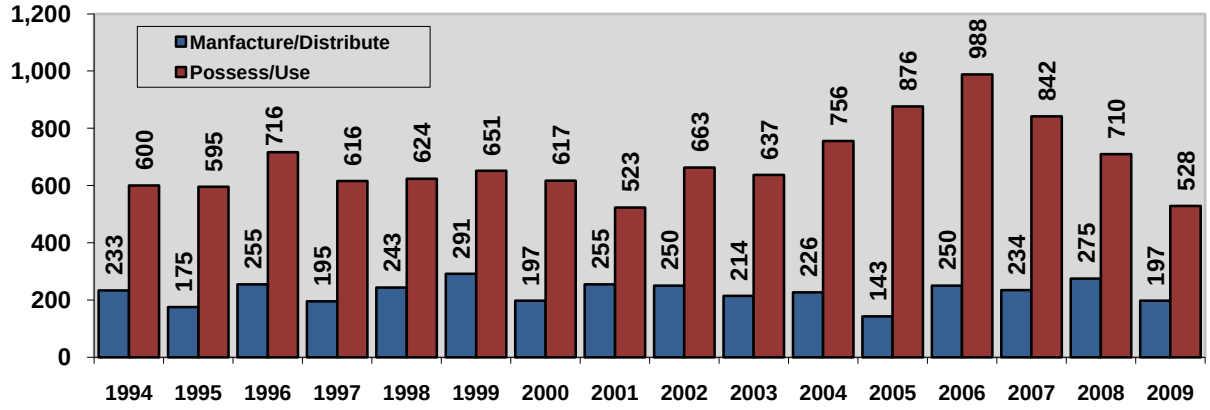
Source: Iowa Department of Public Safety

With the resurgence in meth lab incidents across the state, the numbers of offenses involving both manufacturing/distribution and possession/use have begun to rise. The number of law enforcement reported offenses for methamphetamine possession/use nearly doubled from 1999 to 2002 and remained at this high level for the next three reporting periods, but have since declined. Following the passage of the pseudoephedrine control legislation in 2005, arrests for methamphetamine manufacture/distribution as well as possession/use declined significantly until 2008 (43.6% and 49.2% respectively). See Figure 27.

Cocaine/Crack Cocaine

Until the growth in the use/abuse of methamphetamine in the 1990s, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2009



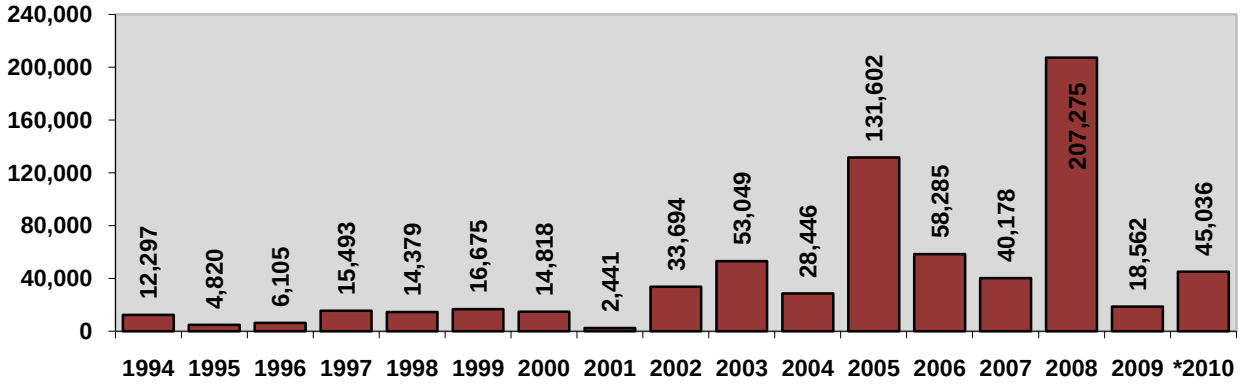
Source: Iowa Department of Public Safety

Cocaine possession/use offenses were at a fourteen year high in 2006 but have decreased over the past three years. Figure 28 illustrates that arrest rates for cocaine have varied a great deal for

the years examined. In calendar year 2005, manufacture/distribution arrests posted a twelve year low of 143 per 100,000 in population.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement reached a 14-year high in 2005. Cocaine/crack cocaine seizures have generally declined since then. In 2008, DNE reports having several large cases involving cocaine salt, therefore the grams seized in 2008 were at an all-time high. So far in 2010, cocaine/crack seizures are on the rise. See figure 29.

Figure 29– Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – *2010



**Calendar year 2010 through September 30*
Source: Iowa Department of Public Safety

As shown in Figure 30, the price and purity of cocaine has fluctuated, however the price has generally dropped and the purity had generally increased. The Department of Public Safety crime lab no longer calculates purity levels of seized cocaine.

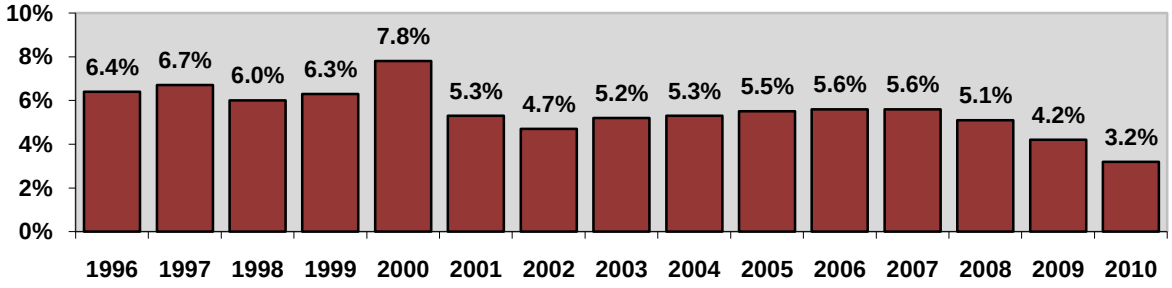
Figure 30– Iowa Division of Narcotics Enforcement Cocaine Seizure Price and Purity CY 1996 – 2010

	1996	1998	2000	2002	2004	2006	2008	2010
Price	$130	$130	$150	$150	$100	$110	$80	$125

**Calendar year 2010 through September 30*
Source: Iowa Counterdrug Task Force

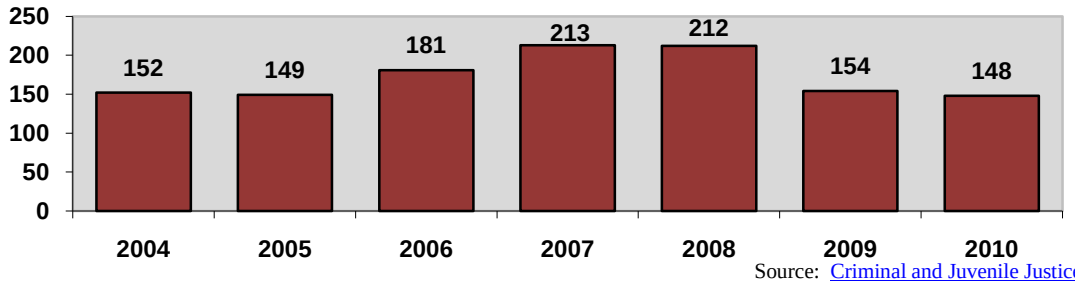
The primary substance of abuse for individuals assessed with or seeking treatment for substance use/abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 31 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse has slightly decreased in the past three years.

Figure 31 – Percentage of *Adults* Entering Substance Abuse Treatment Programs with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 32– Cocaine/Crack Cocaine-Related Prison Admissions SFY 2004 – 2010



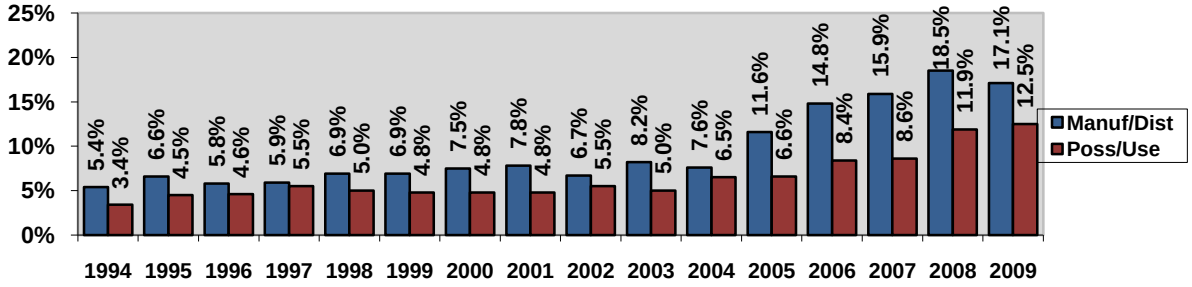
Source: Criminal and Juvenile Justice Planning

Cocaine-related admissions to prison represented 18.5% of drug-related prison admissions in FY 2010. See Figure 32. Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

Other Illicit Drugs

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD, and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the prevalence levels of these other substances as the drugs of choice among the substance abusing population are relatively low, but rising. See Figures 33 & 34.

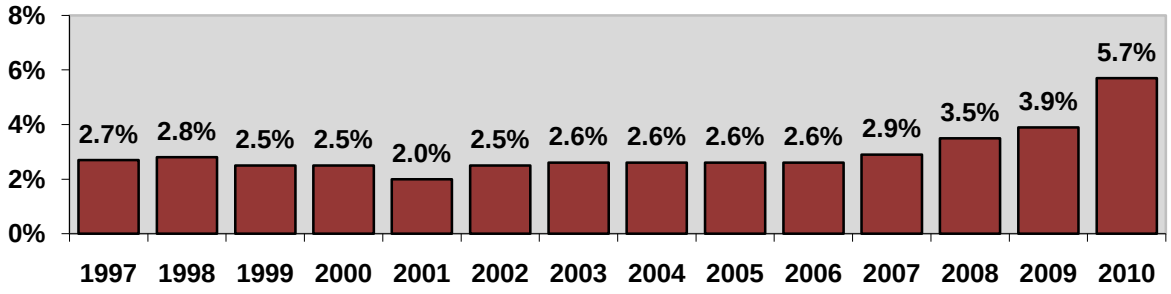
Figure 33– Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2009



Source: Iowa Department of Public Safety

During the fourteen-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Since that time, the percentage of arrests for both categories of offenses has generally risen, especially over the past five years, indicating a rise in crimes related to other drugs of abuse. See Figure 33.

Figure 34 – Percentage of *Adult* Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/ Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Figure 34 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is one other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine has risen 119% in the past four years.

All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in nearly 90% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 87.8% of adults screened/admitted for treatment.

So-called "club drugs" or "predatory drugs" such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) are rarely reported in Iowa. However, they warrant attention to prevent larger problems.

Another emerging threat to the health and safety of Iowans is the use of synthetic cannabinoids. These substances, also known as synthetic marijuana, K2, or Spice, are herbal substances that are sprayed with one or more chemical compounds. They are marked as incense and not for human consumption, but are being used as a new way to get high.

Prescription and Over the Counter Medications

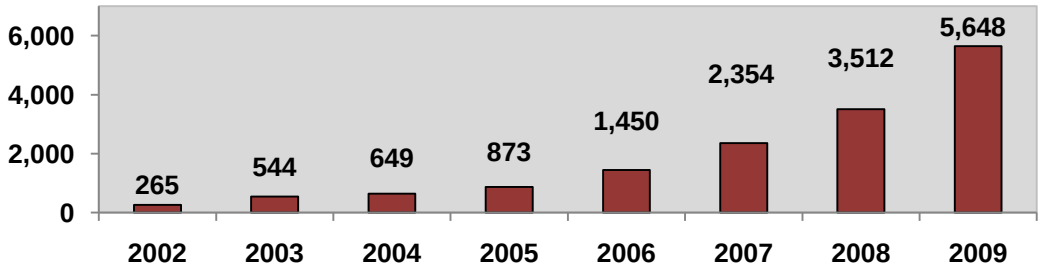
The newest, and fastest growing, form of substance abuse by Iowans involves prescription and over-the-counter medicines. Teenagers tend to view these drugs as "safe," and many parents are not yet aware of their potential for abuse. Stories of teens sharing pills to get high are increasingly common in Iowa communities. These drugs are easy to get, can be as potent and dangerous as illicit drugs, and are associated with criminal behavior. Prescription drugs most often abused are narcotic painkillers, stimulants, and central nervous system depressants. According to the Iowa Department of Public Safety, Division of Narcotics Enforcement (DNE),

the number of pharmaceutical cases opened so far this year (through September 30, 2010) has already exceeded the number of cases for all of 2009. Similarly, treatment centers anecdotally report a dramatic increase in prescription drug abuse clients. And, according to the 2008 Iowa Youth Survey, 7% of Iowa 11th graders have used prescription drugs for non-medicinal purposes.

The trends are clear. In 2009, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use. According to the 2009 National Survey on Drug Use and Health (NSDUH), there were 2.6 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day.

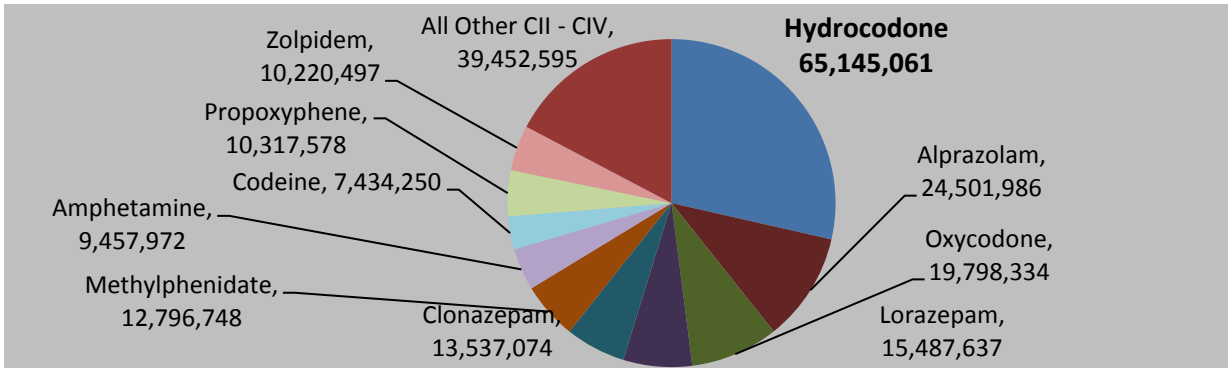
Pain killers (e.g., hydrocodone and oxycodone) seem to be the favorite targets of thieves who steal from medicine cabinets and pharmacies. In Iowa, public calls to the Statewide Poison Control Center to identify hydrocodone and oxycodone pain pills have increased **2,031%** since 2002, and officials with the center believe some of that increase signifies the growing diversion and abuse of prescription drugs in Iowa. See Figure 35.

Figure 35 – Hydrocodone and Oxycodone ID Calls from Iowans (Iowa SPCC-CYs)



The U.S. Drug Enforcement Administration notes that hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S. According to data from the Prescription Drug Monitoring Program, hydrocodone is the most prescribed drug in Iowa with over 65 million doses prescribed to Iowans in 2009 – comprising nearly one-third of all controlled substances (CII – CIV) prescribed in the State of Iowa. When combined with oxycodone, the number of doses prescribed to Iowans in 2009 totals almost 85,000,000 or 37.3% of all CII – CIV controlled substances prescribed.

Figure 36 – Doses of Controlled Substances Prescribed to Iowans in CY 2009 (IBPE)

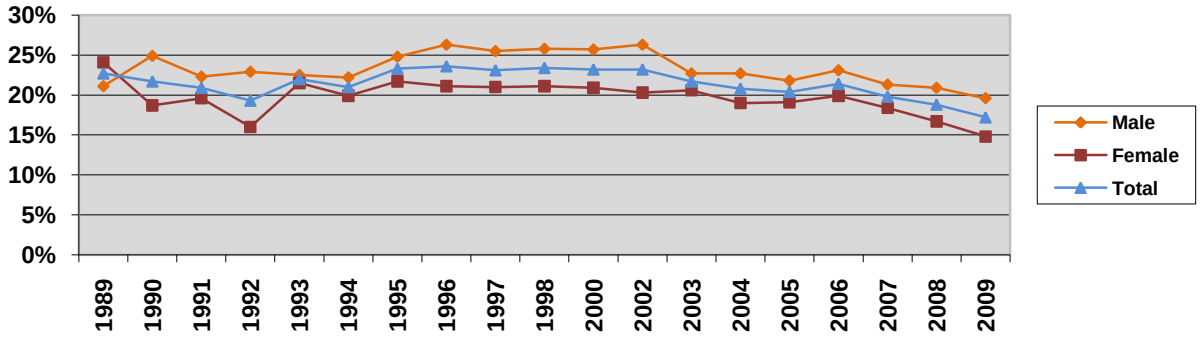


Tobacco

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control and Prevention, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life.

The levels of tobacco use among adult Iowans can be seen in Figure 37. These data, compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control, are published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

Figure 37 – Percentage of Current Iowa Male, Female & Total Smokers, CY 1989 - 2009



Source: Centers for Disease Control

In 2009 the total percentage of combined male and female smokers in Iowa reached its lowest point in twenty-one years. Part of this decline can be attributed to the 2007 tobacco tax increase in Iowa. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1st, 2009, the federal cigarette tax rate increase that took effect April 1st, 2009, and the current economic recession.

The Department of Public Health also reports that Quitline Iowa remains busy, with 17,950 clients calling during FY 2010. Even though Quitline Iowa is one of the most successful programs of its kind in the nation – reaching about 4.2% of Iowa's smokers each year – most smokers attempt to quit "cold turkey," so Quitline Iowa only represents a fraction of the total number of smokers trying to quit in a given year. Because of state budget cuts to the FY11 budget, Quitline Iowa discontinued the distribution of free nicotine patches, gum and lozenges on July 1, 2010. However, because of federal stimulus funding received by the Linn and Ringgold County Public Health Departments, residents of those counties can continue to receive free nicotine patches or gum through Quitline Iowa. Other than changes to the eligibility requirements of who can receive nicotine replacement therapy, Quitline Iowa maintained the same level of counseling services that were provided before the FY10 budget cuts.

Iowa's Youth Population

Prescription and Over-the-Counter Medications

One of the fastest growing threats to youth today is the abuse of prescription and over-the-counter (OTC) drugs. The 2009 Monitoring the Future Study shows that prescription drugs are seven of the top nine abused substances by young people. The trends are clear. In 2009, past-year initiation of prescription drugs exceeded that of marijuana. Abuse of prescription drugs among 12 and 13 year-olds now exceeds marijuana use. According to the 2009 National Survey on Drug Use and Health (NSDUH), there were 2.6 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages out to around 7,000 initiates per day.

According to the Partnership at Drugfree.org, 2009 Partnership Attitudes Tracking Survey (PATS), one in five teens (19 percent or 4.7 million) teens nationally report intentionally abusing prescription drugs to get high at least once in their lives.

Attitude drives behavior. Many teens and adults have a false sense of security about prescription and over-the-counter drugs. This attitude leads them to believe that using these drugs is not dangerous, or at least not as dangerous as using drugs like methamphetamine or heroin. This in turn leads them to believe that using a medicine without a prescription once in a while is not harmful, that abusing prescription pain killers will not cause addiction, and that getting high from cough syrup isn't risky. According to 2009 PATS data, this attitude is held by 41% of teens.

There are several additional reasons for these attitudes: aggressive marketing builds awareness of product availability and benefits, but not the negative consequences of misuse or abuse; and messages about "appropriate" use do not educate people about the negative consequences. These substances are also widely available and are often obtained within the home.

Additionally, many parents and other adults do not understand the behavior of intentionally abusing medicine to get high, and are not discussing the risks of this behavior with their children.

According to the 2008 Iowa Youth Survey, seven percent of 11th grade students report prescription or over-the-counter drug abuse in the past 30 days. The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted by the Iowa Department of Public Health, Division of Behavioral Health, in conjunction with Criminal and Juvenile Justice Planning, the Department of Education, and the Department of Human Services every three years since 1975. The 2008 Iowa Youth Survey was conducted in September and October, with results returned in the spring of 2009. With additional funding, the Iowa Youth Survey will be conducted every two years in 2010 and 2012. The 2010 Iowa Youth Survey was conducted in the fall of 2010, with results expected in the spring of 2011. The survey seeks responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. Beginning in 1999 the survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. Thus true comparisons with surveys conducted prior to 1999 are not possible.

Figure 38 - Percent of Student Self-Reporting the Current Non-medical Use of Prescription Medications 2005 and 2008

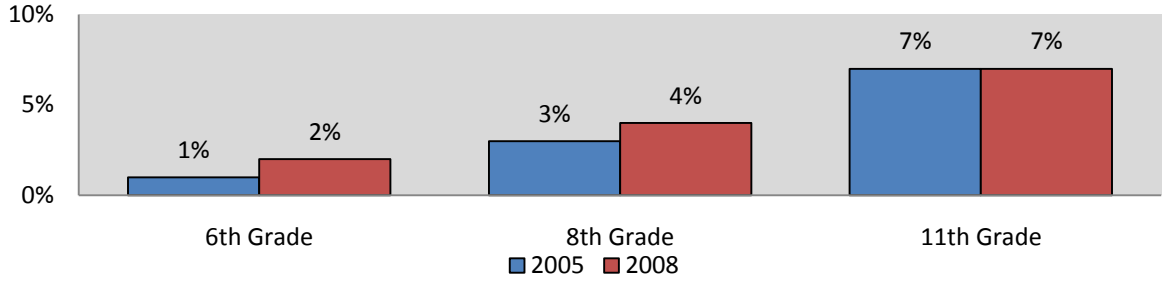
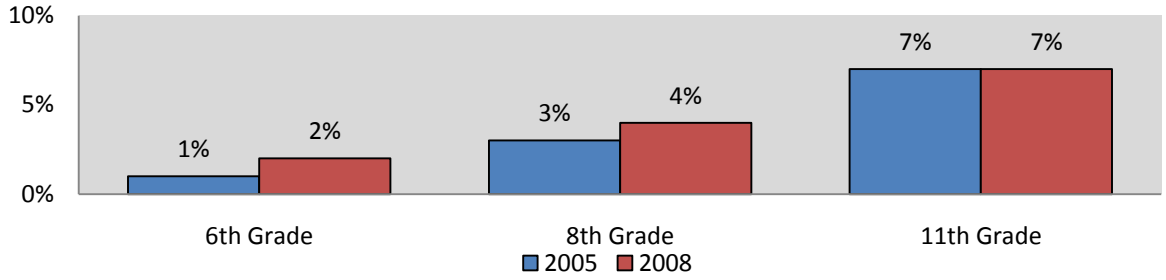


Figure 39 - Percent of Student Self-Reporting the Current Non-medical Use of Over-the-Counter Medications 2005 and 2008



Synthetic Marijuana (aka K2 or Spice) and Salvia

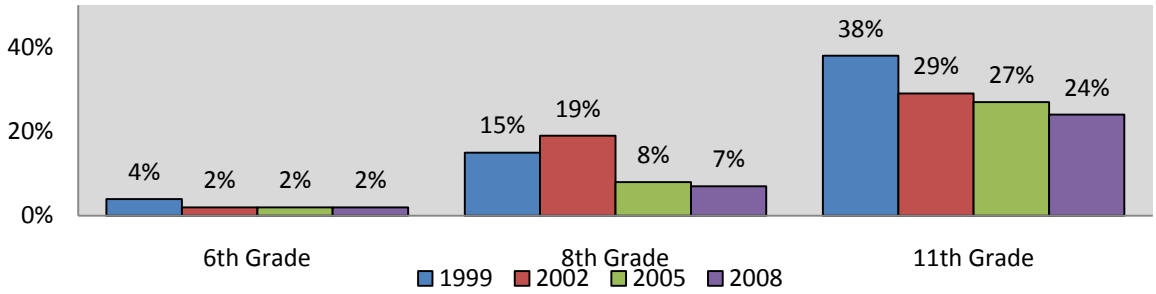
Another emerging threat to the health and safety of Iowa's youth is the use of synthetic cannabinoids. Synthetic Marijuana, also knows as K2 or Spice, is an herbal substance sold as an incense or smoking material that remains legal in most of the country. The products contain one or more synthetic compounds that behave similarly to the primary psychoactive constituent of marijuana. The dried herbs are merely the vehicle used to spray the chemicals on to produce the marijuana-like effect. Known effects from using synthetic marijuana include: anxiety, panic attacks, agitation, elevated blood pressure, rapid heart rate or respiration, vomiting, hallucinations, and seizures.

Unfortunately, Iowa has already experienced the loss of a young person to these drugs. Following the June 2010 death of an Iowa teen who used K2, suffered a panic attack, and then shot himself, the Iowa Board of Pharmacy adopted emergency rules to classify four synthetic cannabinoids sprayed on K2 and similar products as Imitation Controlled Substances in Iowa.

Salvia is an herb in the mint family that is found increasingly in drug investigations. Its use can cause intense and debilitating hallucinations. In addition, users report negative long term effects similar to those produced by LSD or other hallucinogens, including depression and schizophrenia. Salvia is not currently controlled and is available at retail locations and on the Internet. Salvia is already banned or regulated in 13 states and nine foreign nations, and at least 17 other states have considered a ban. Both Synthetic Marijuana and Salvia are also on the DEA "Watch List."

Tobacco

Figure 40 – Percent of Students Self-Reporting the Current (within the past 30 days) Use of Tobacco, Comparison of 1999 through 2008

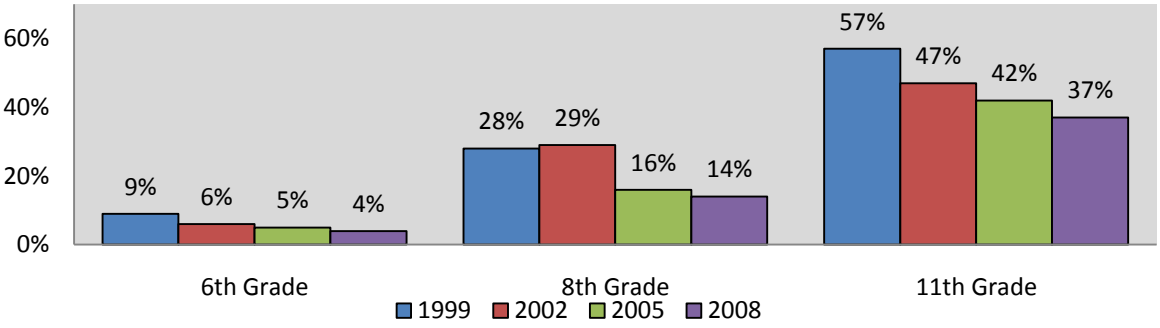


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

In 2008, less than one quarter of eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days). See Figure 37. The most significant changes in both current and past use of tobacco occurred among students in grade 8. In 2008, 7% of 8th graders reported current tobacco use, a decline of 63% from 2002.

In 2002, 29% of students in grade 8 reported past use of tobacco use. This figure dropped by over half to 14% in 2005. See Figure 38. IYS results displayed in Figure 38 show that by the 11th grade, over half of the students reported past use of tobacco in 1999, followed by slightly less than half in 2002, meaning fewer new tobacco users. This decline continued in 2005 and 2008, with 37% of students in grade 11 reporting past use of tobacco in 2008.

Figure 41 – Percent of Students Self-Reporting Ever Having Used Tobacco, Comparison of 1999 through 2008

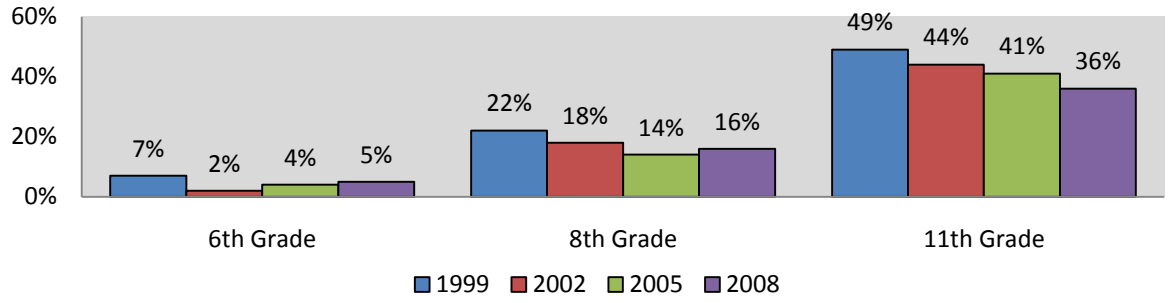


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Alcohol

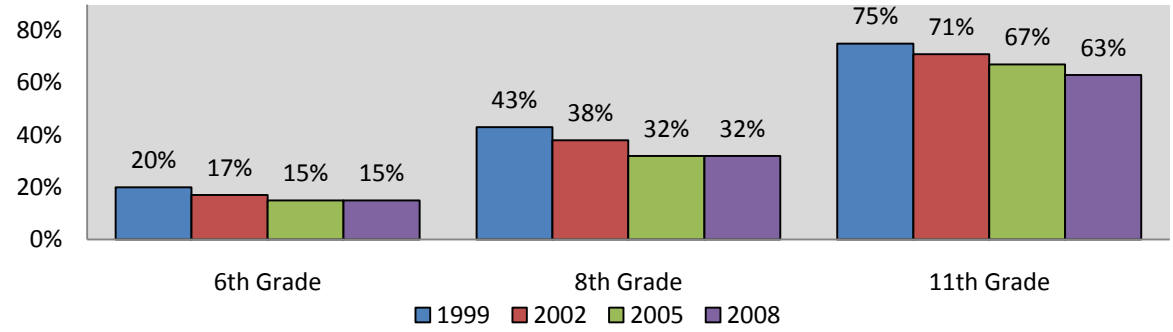
The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figures 42, 43, and 44.

Figure 42 – Percent of Students Self-Reporting the Current Use of Alcohol, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

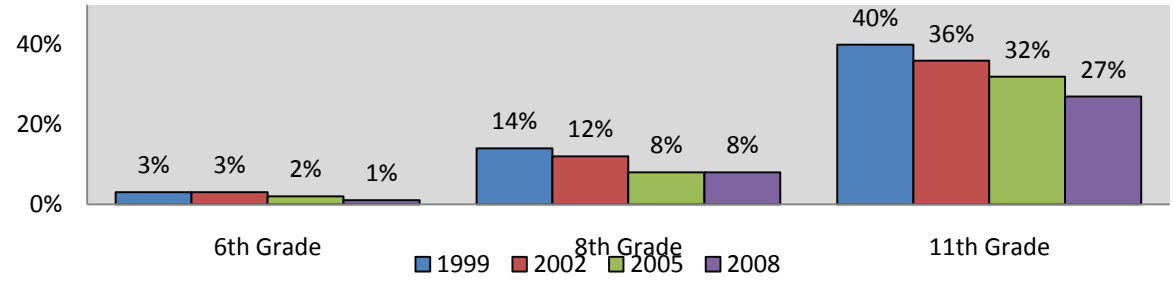
Figure 43 – Percent of Students Self-Reporting Ever Having Used Alcohol, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

While there have been decreases since the 1999 IYS, the data indicate that in 2008 over one third (36%) of 11th graders surveyed responded that they had consumed an alcoholic beverage in the past 30 days. Equally concerning is that more 8th grade students reported current use (consumed one or more drink in the past 30 days) of alcohol in 2008 than in 2005. The good news overall however, is that both current and past alcohol use by students in all three of the grades continues to decline or remain relatively steady. See Figure 43.

Figure 44 – Percent of Students Self-Reporting Current (within the past 30 days) Binge Drinking, 1999 through 2008

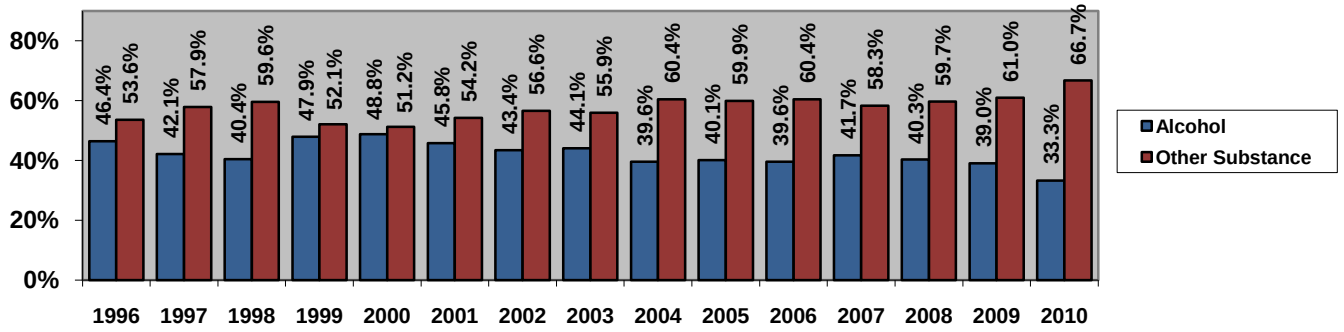


Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Binge drinking (consuming five or more drinks at one time) by youth in grades 6, 8, and 11 over the past 30 days as reported in the Iowa Youth Survey has decreased since 1999. However, over one quarter of 11th graders reported binge drinking in the past month in the 2008 survey. Iowa also reports a higher binge drinking rate among youth than the national rate. According to the 2009 National Survey on Drug Use and Health (NSDUH) data, 17% of 16-17 year olds nationally reported binge drinking within the past thirty days, versus 27% of 11th graders in Iowa. This finding mirrors Iowa's above average binge drinking rate among adults. See figure 44.

The IDPH, Division of Behavioral Health, SARS/I-SMART substance abuse reporting system data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than half of total admissions in recent years. See Figure 45.

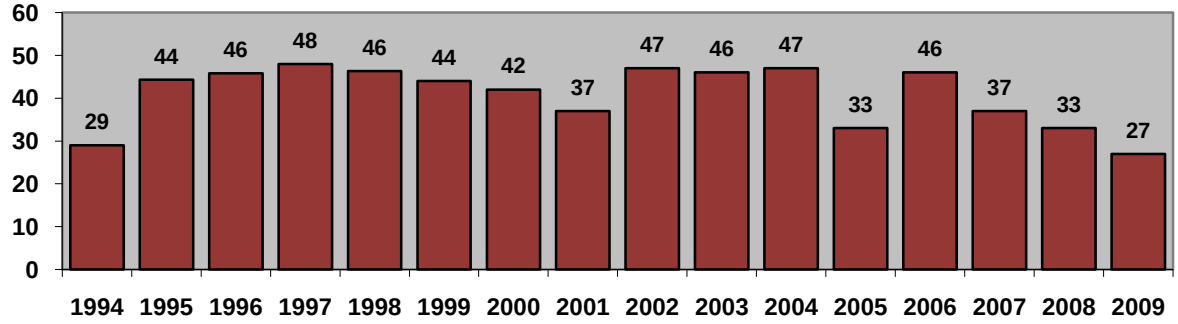
Figure 45 – Percentage of *Youth* Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

For the fifteen-year reporting period, juvenile OWI arrest rates have ranged from 27 to 48 per 100,000 in population. Reports for the past four years have showed a decline, to a low of 27. See Figure 46.

Figure 46 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2009



Source: Iowa Department of Public Safety

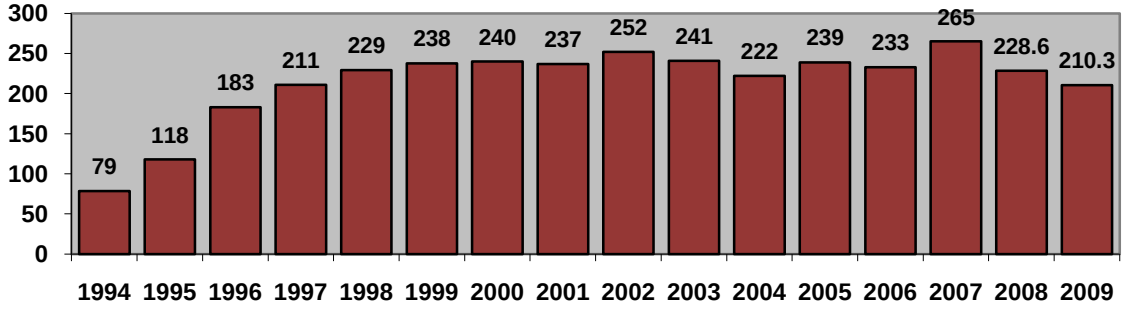
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that while positive strides are being made, alcohol remains a substantial problem for the youth of Iowa.

General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there is discussion about drugs other than alcohol and tobacco. In these discussions, it should be understood that the term "drug(s)" refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc. Discussion referring specifically to prescription or over- the-counter medications will be noted.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 in population in 1994 to a record 265 per 100,000 in 2007, an increase of 235% for that period. See Figure 47.

Figure 47 – *Juvenile* Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2009

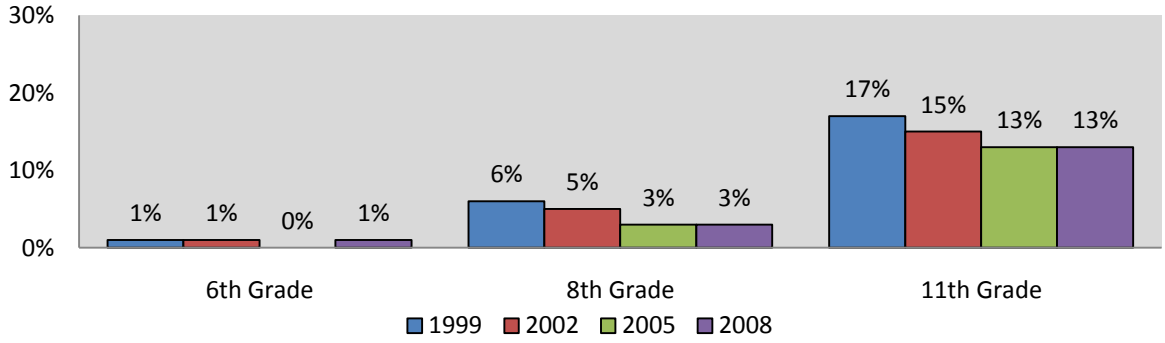


Source: Iowa Department of Public Safety

Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 45 shows, marijuana use has remained constant. 17% of 11th graders surveyed in 1999 reported current use of marijuana. In 2008, 13% of 11th graders reported current use of marijuana, only a 4 percentage point decrease from 1999.

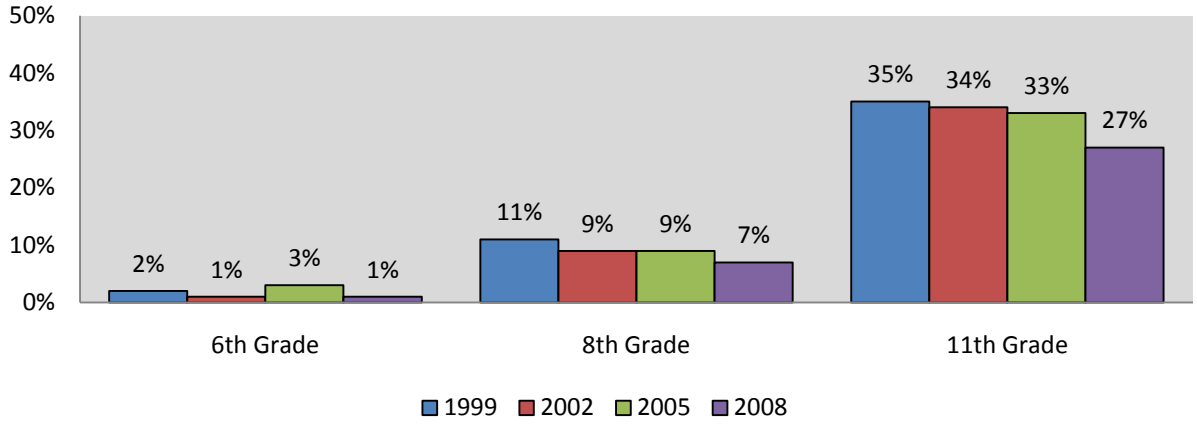
Figure 48 - Percent of Students Self-Reporting the Current Use of Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Additionally, of the high school juniors surveyed in 1999, 35% reported having used marijuana at some point in their lifetime. This dropped to 27% in 2008. See Figure 49.

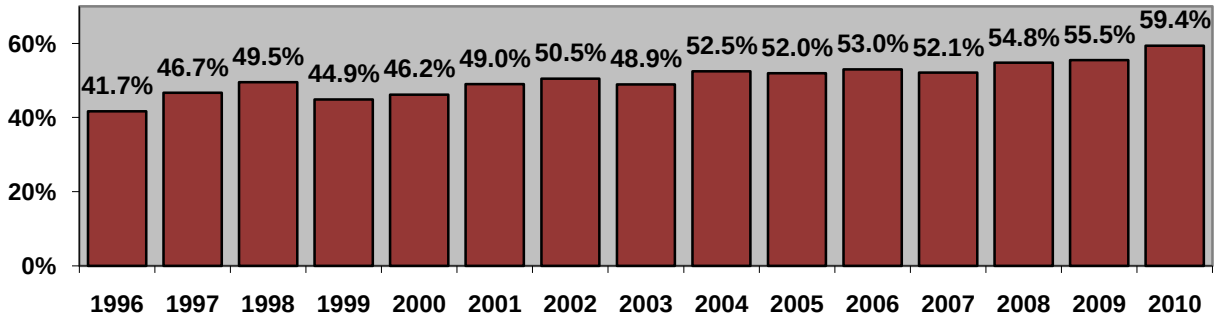
Figure 49 – Percent of Students Self-Reporting Ever Having Used Marijuana, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Substance abuse reporting system data as shown in Figure 50 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has generally increased for the period of time included in this review. It should be noted that in SFY 2010, the greatest percentage of youth ever were screened/admitted for marijuana.

Figure 50 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2009

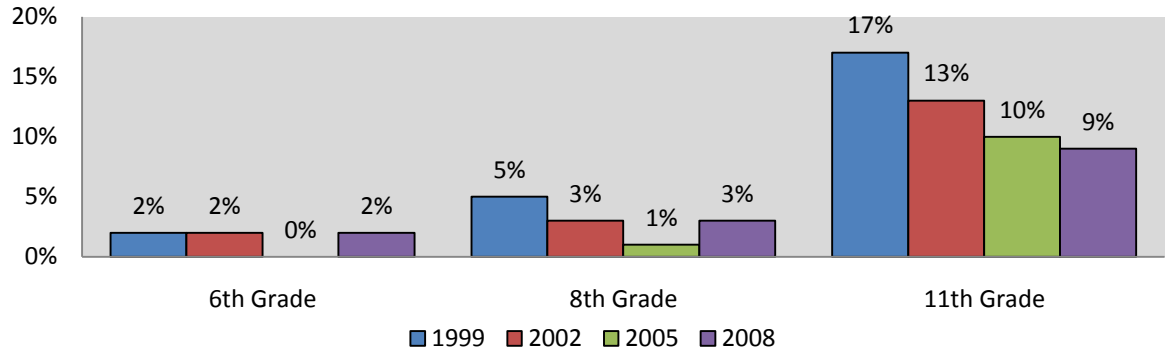


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Amphetamine/Methamphetamine

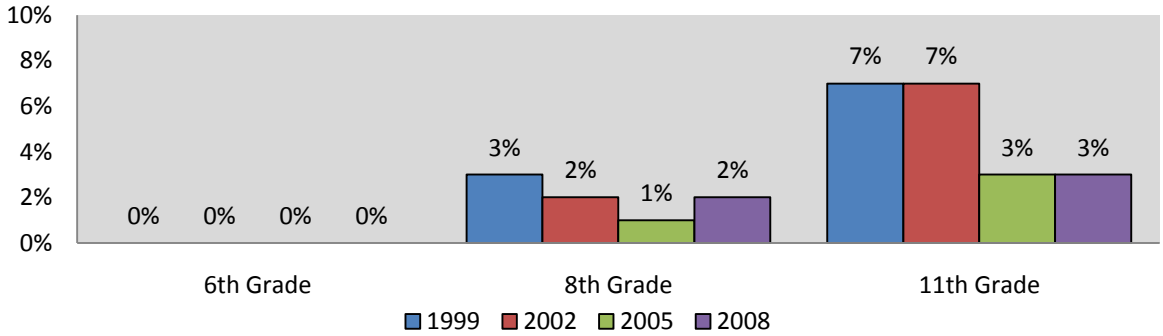
According to the 2008 Iowa Youth Survey amphetamine and methamphetamine use has remained relatively stable. The percentage of eleventh grade students reporting "ever" using these drugs dropped from 17% to 9% - an indication that fewer students, although still too many, are using these drugs. See Figures 51 and 52.

Figure 51 – Percent of Students Self-Reporting Ever Having Used Amphetamine/Methamphetamine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

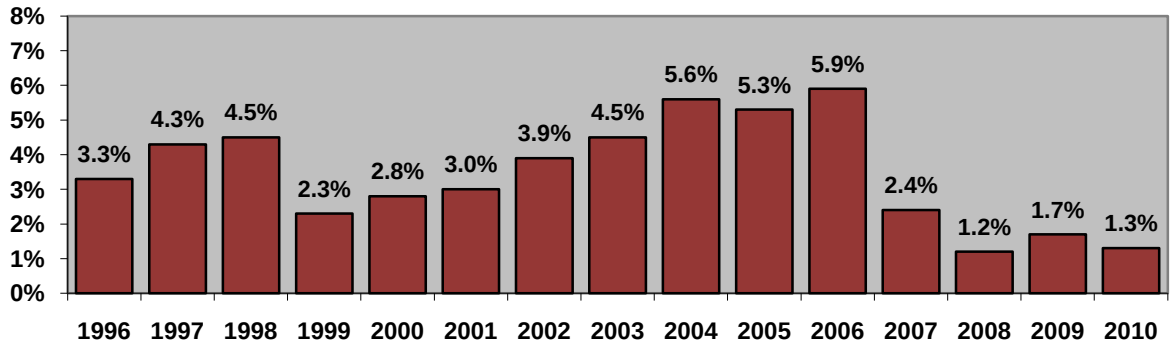
Figure 52 - Percent of Student Self-Reporting the Current Use of Amphetamine/Methamphetamine – 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Following several years of increasing youth screening/admissions for amphetamine or methamphetamine, the IDPH Division of Behavioral Health reported a significant reduction in SFY 2009, and the number has remained low for the 2010. See Figure 53.

Figure 53 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2010

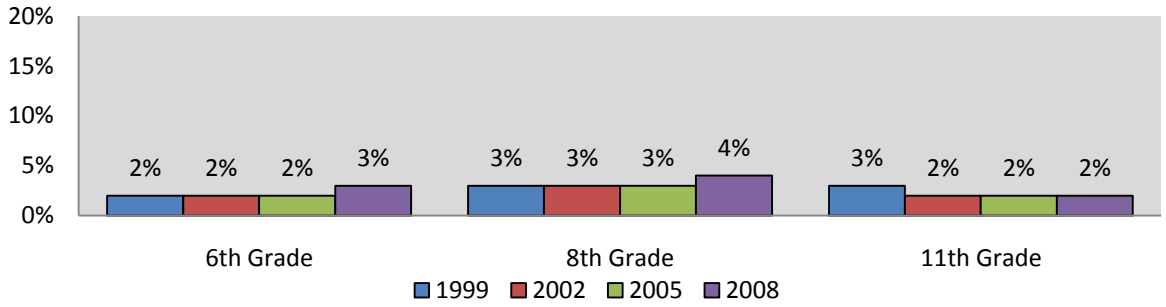


Source: Iowa Department of Public Health Division of Behavioral Health – SARS/I-SMART

Inhalants

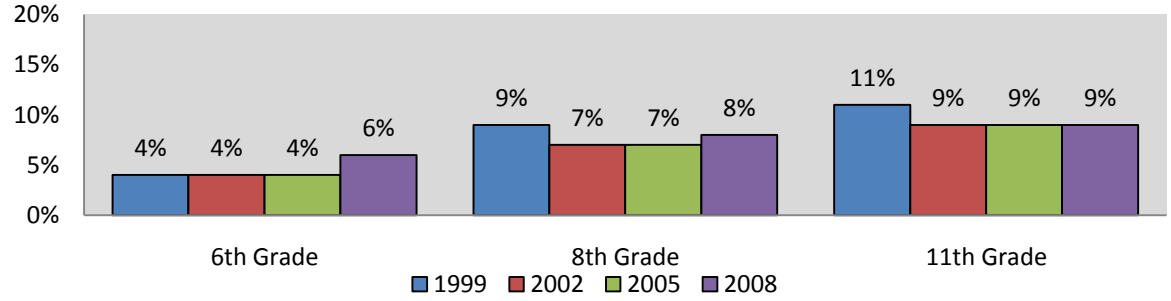
Inhalant use continues to be of concern in Iowa, and inhalant use more often starts at younger ages. In 2008, inhalants are the only drug to have stayed the same or increased for all grades in both current use and lifetime use. According to the Iowa Youth Survey, inhalant use followed marijuana use as a drug of choice among adolescents. Nationally teen experimentation with inhalants has increased over the past three years to 20%. According to the 2007 Partnership Attitude Tracking Survey conducted by the Partnership for a Drug-Free America, inhalants are abused by one in five (20%) of teens. The perception of risk related to inhalant use is dropping, which may have contributed to the increased use. See Figures 54 and 55.

Figure 54 - Percent of Student Self-Reporting the Current Use of Inhalants, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

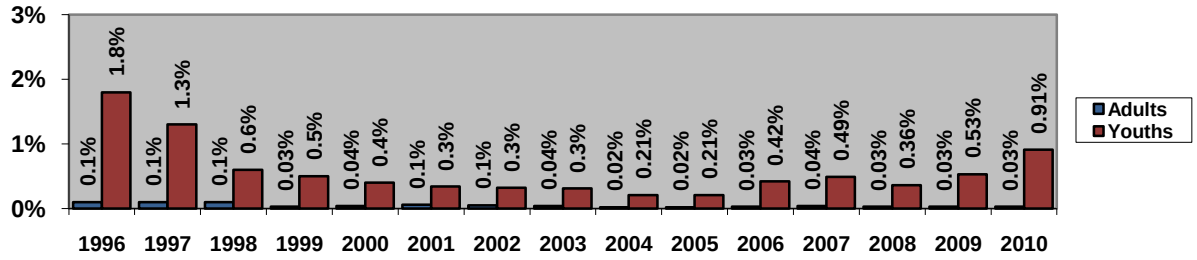
Figure 55 – Percent of Students Self-Reporting Ever Having Used Inhalants, 1999, 2002 and 2005



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Examination of IDPH Division of Behavioral Health substance abuse reporting system data indicate that the degree of use of inhalants is more prominent among youth in comparison to adults. See Figure 52. They also indicate that the prevalence of these substances as a "drug of choice" for juveniles has remained steady in recent years, but rose in 2010, representing nearly one percent of youth screened/admitted to substance abuse treatment. See Figure 56.

Figure 56 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2010

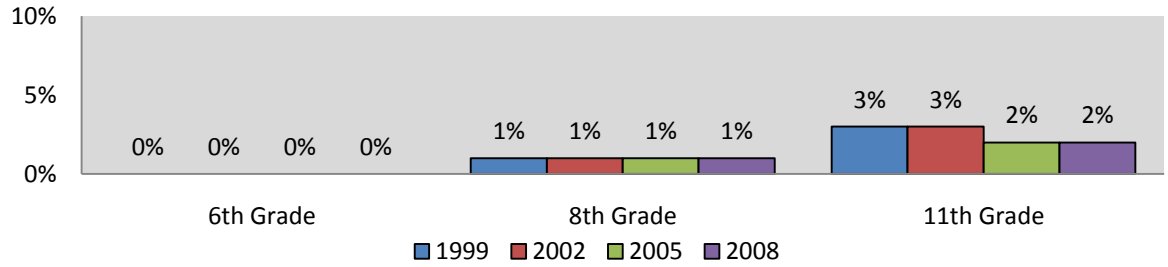


Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

Cocaine

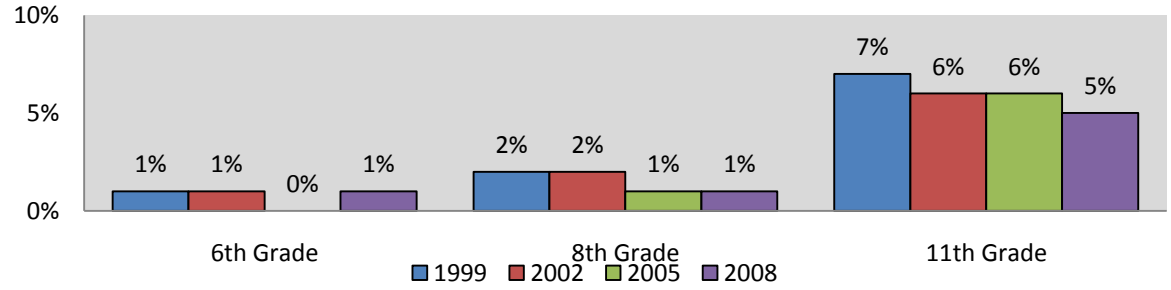
There is little reported use of cocaine/crack cocaine by Iowa youth. Overall there was little change in cocaine usage between 1999 and 2008. See Figures 57 and 58.

Figure 57 - Percent of Student Self-Reporting the Current Use of Cocaine 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

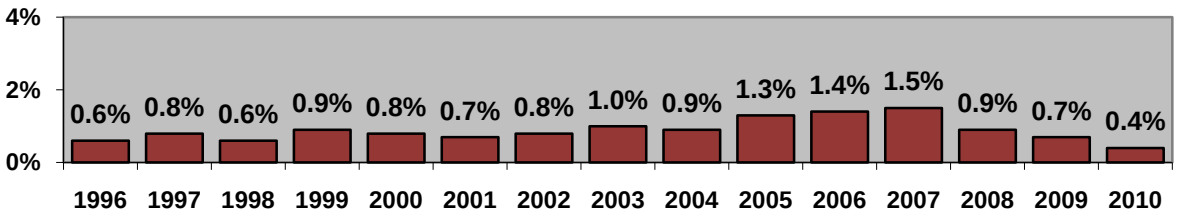
Figure 58 – Percent of Students Self-Reporting Ever Having Used Cocaine, 1999 through 2008



Source: Iowa Department of Public Health, Division of Behavioral Health – IYS

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse among juveniles screened/admitted to substance abuse treatment programs is shown in Figure 59.

Figure 59 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2010



Source: Iowa Department of Public Health, Division of Behavioral Health – SARS/I-SMART

These data indicate that the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

Other Drugs/Substances

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, this is an issue which requires continued vigilance.

Targeted Strategies: Results, Indicators, & Priorities

Iowa utilizes a results-based decision making process to align the use of resources with the long term goals of improving the well-being of children and families and the quality of life in their communities. Results-based decision making facilitates planning, budgeting, management and accountability in a process of setting results, creating and tracking indicators of progress toward those results, and assessing agency level program performance.

The heart of results-based accountability lies in connecting the things that matter for the long-term well-being of Iowa to deciding how to use available resources. The 2006 Drug Control Strategy was the first to reflect this concept in its movement from goals and objectives to results-based planning and accountability. The 2011 Strategy builds upon the previous four years, by providing, when possible, updated data, current proposals, and future strategies. This provides information on accomplishments and progress made toward results.

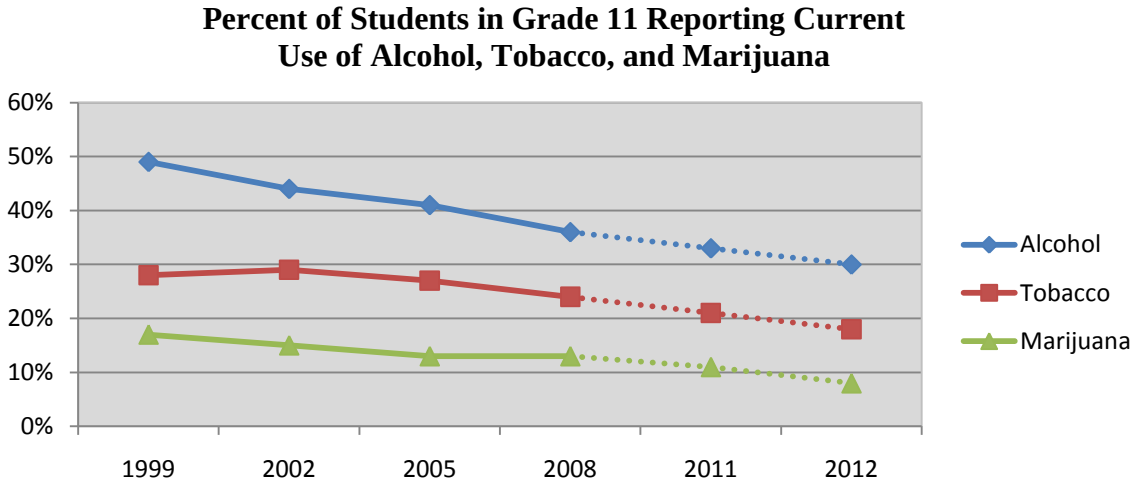
The Drug Policy Advisory Council defines a result as a bottom-line condition of well-being for Iowans. *Results* are broad, and represent the fundamental desires of Iowans. Results are not "owned" by any single agency, but cross over agency and program lines and public and private sectors. They are outcomes that all individuals should want for their own children, families and communities. If results are defined carefully, they will still be important in 10, 50, or 100 years.

An "*indicator*" is a measure, for which data is available, that helps quantify the achievement of or progress toward a desired result. Because results are broad statements, no single indicator is likely to signal full attainment of any given result. Rather, they show movement toward the result and are based on real and available data. *Each indicator has two parts - history and desired forecast. The forecast is where we want to go in the future and the dotted line in each chart represents that trajectory.* In some cases, indicators show we are already on the right track toward reaching the desired result and we need to continue to move in that direction. In other cases, indicators show no progress is being made, or that the condition is actually getting worse. In those cases, we want to work toward "turning the curve," or forecast a more positive future.

Each indicator has a story – why this particular measure shows movement toward reaching the result. Indicators also contain information about what works now; what works to turn a negative curve toward a more positive forecast; and possible Byrne-JAG program responses.

Result # 1: All Iowans are Healthy and Drug-Free

Prevention Indicator #1-A



Source: Iowa Youth Survey – 1999 through 2008

The Story Behind the Baseline

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug abuse problems later in life. Delaying the onset is an important strategy for reducing the incidence and prevalence of youth substance abuse. The triennial Iowa Youth Survey of students in grades 6, 8 and 11 has shown a reduction in the use of alcohol and marijuana by students in grade 11. While this is good news, the numbers are still too high to claim complete success in preventing substance abuse among Iowa youth.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. By implementing evidence-based, comprehensive prevention strategies in schools and communities, while children are young, this downward trend will continue, and youth who take the survey as high school juniors in future years should report less substance use than in previous years.

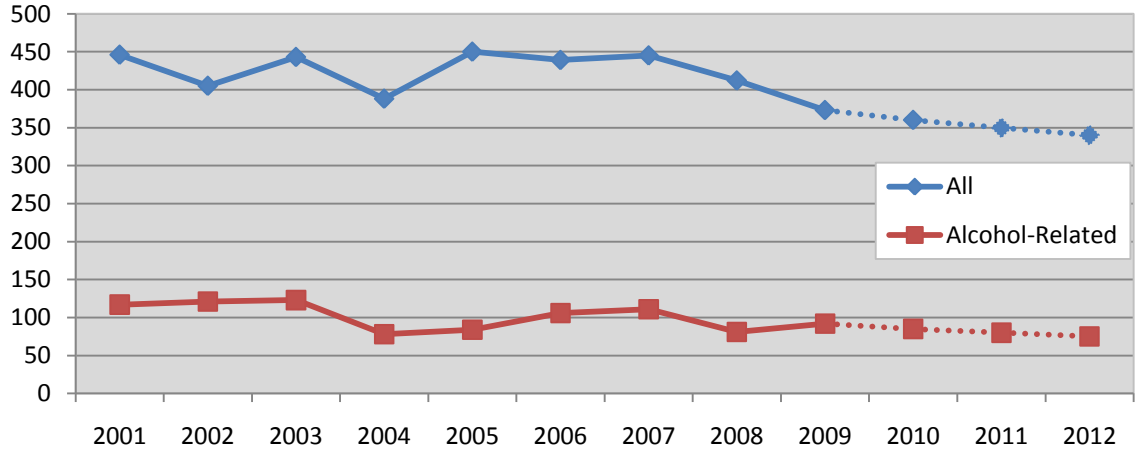
What Works

- Enhancing the capacity for schools to implement evidence-based substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol, tobacco, and illicit drugs
- Prevention strategies that are comprehensive and involve many segments of a community
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population

- Cross training among multiple disciplines to enhance understanding and involvement in prevention
- A credible, culturally competent, and sustainable prevention workforce
- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation, and evaluation
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as healthy role models
- Increased prices on alcohol and tobacco products

Prevention Indicator #1-B

Number of Alcohol-Related Iowa Traffic Fatalities



Source: CY 2001-2009 Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau

The Story Behind the Baseline

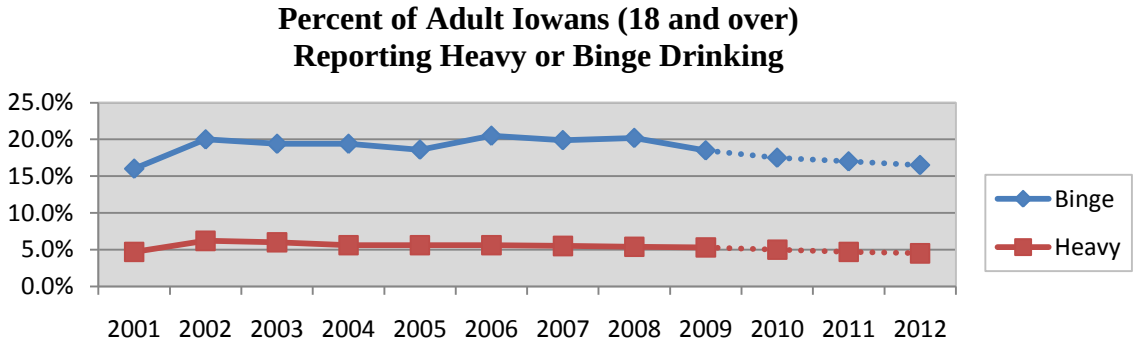
Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. According to the Iowa Governor's Traffic Safety Bureau, traffic fatalities are the leading cause of death among persons 5-34 years of age and alcohol is the leading cause of fatal traffic crashes by an overwhelming margin.

In 2003, Iowa's .08 blood alcohol content law went into effect, leading to an immediate and significant reduction in the number of alcohol-related fatal crashes. In 2009, a total of 92 persons were killed in alcohol/impaired driving fatal crashes and 1,545 persons were injured. Nearly 25% of all Iowa fatalities in 2009 were alcohol-related. Of special concern are drivers 16-25 years of age. They represent only 16% of all registered drivers in Iowa, but comprise 30% of all drinking drivers who were involved in fatal crashes from 1998-2009.

What Works

- Specialized alcohol-related traffic safety education
- Increased prices on alcohol products
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Environmental prevention strategies addressing community norms about alcohol use and abuse
- Reducing youth access to alcohol products
- Alcohol compliance checks at retail establishments, bars, and restaurants
- Alcohol server/seller training
- Graduated licensing for underage youth
- Intoxilyzer lockouts for vehicles
- 21 year-old legal drinking age

Prevention Indicator #1-C



Source: CDC Behavioral Risk Factor Surveillance System 2001-2009

The Story Behind the Baseline

Alcohol is the most frequently abused substance in Iowa. Alcohol consumed on an occasional basis at the *rate* of no more than one ounce per hour poses little risk to most adults, although even at this level, several factors including family history of addiction, health, and use of medications can pose problems. Currently, the recommended maximum alcohol consumption for those under the age of 65 is an average of two drinks per day for men and one for women. Iowans who drink with greater frequency or in greater quantities put themselves at risk for a host of medical problems including cancer, cardiovascular events, and liver and kidney metabolic diseases. These patterns include heavy (more than two drinks per day for men and one drink per day for women) and binge (more than five drinks on one occasion) drinking.

Alcohol dependency and abuse are major public health problems carrying enormous cost and placing heavy demands on the health care system. Additionally, heavy and binge drinking threatens the safety of others through alcohol-related crashes and fatalities, homicides, sexual assault and workplace accidents. In comparison with other states, Iowa is slightly above the median for heavy drinking. However, Iowa ranks eighth in the nation in binge drinking according to the Center for Disease Control, Behavioral Risk

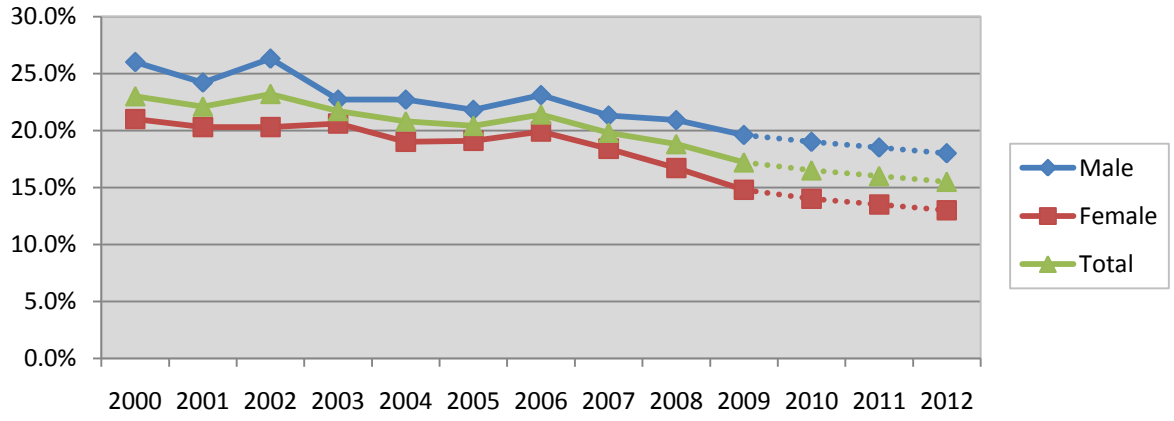
Factor Surveillance System 2009 Trend Data. Reducing heavy and binge drinking in Iowa will improve the health and safety of Iowans while reducing health care costs.

What Works

- Comprehensive drug-free workplace, school and community programming
- Use of evidence-based best practices and programs and promising innovations
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Reduction of youth access to alcohol
- Raising the age of onset of alcohol use
- Increased pricing on beer, wine and liquor
- Prevention services for the lifespan (prenatal through death)
- 21 year-old legal drinking age

Prevention Indicator #1-D

Percent of Adult Iowans Reporting Current Smoking



Source: CDC Behavioral Risk Factor Surveillance Surveys 2000-2009

The Story Behind the Baseline

Tobacco use is the single largest cause of preventable premature mortality in the United States. It also represents an enormous burden, costing an estimated $1 billion in annual health care in Iowa alone. The U. S. Surgeon General's Office states that smoking remains the leading cause of preventable death and has negative health impacts on people at all stages of life. It harms unborn babies, infants, children, adolescents, adults and seniors. Tobacco use among adults and exposure to secondhand smoke in Iowa continue to be major public health problems. Having fewer tobacco users of all ages in Iowa, and creating smoke-free environments for all Iowans, are keys to reducing tobacco-related illnesses and costs. Additionally, by reducing the age of onset by youth, it reduces the likelihood that they will ever use tobacco and may also reduce their risk of using other drugs as well.

A one-dollar-a-pack tax increase on cigarettes was signed into law in March 2007. It was anticipated that this action would significantly reduce both the number of smokers in

Iowa and the amount of cigarettes that are smoked. Other factors that may contribute to fewer cigarette sales in Iowa include: the Iowa Smokefree Air Act, the fire-safe cigarette requirement that took effect January 1, 2009, the federal cigarette tax rate increase that took effect April 1, 2009, and the current economic recession.

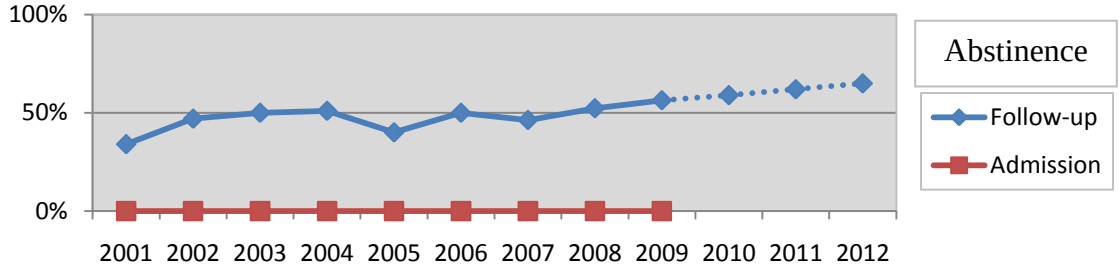
What Works

- Smoking bans and restrictions
- Increasing the unit price of tobacco products
- Tobacco retailer compliance checks, education, and reinforcement
- Community mobilization combined with additional interventions, such as stronger local laws
- Reducing client out-of-pocket costs for effective, science-based, tobacco cessation therapies for youth and adults
- Mass media education campaigns
- Increasing protection for nonsmokers from secondhand tobacco smoke exposure
- Multi-component interventions, including "Quitter" telephone hotlines
- Healthcare provider reminder systems

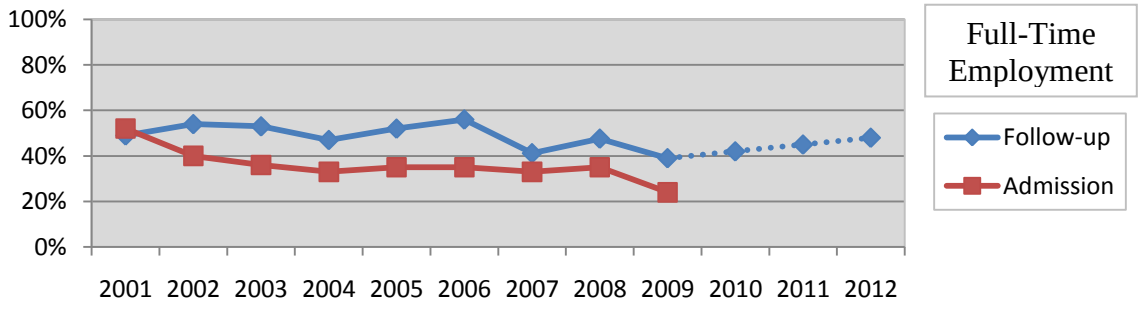
Prevention Indicator #1-E

Percent of Treatment Clients Abstinent & Employed Full-Time Six Months Post Treatment

Abstinence: 0% at admission, 56.4% at Follow-up



Full Time Employment: 24.0% at admission, 38.6% at Follow-up



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa

Story Behind the Baseline

Substance abuse treatment, compared to treatments for other chronic health issues such as diabetes, asthma, and heart disease, is very successful. Over 56% of treatment clients who participated in the Year Twelve Outcomes Monitoring Study remained abstinent six months later. But there are factors that could hinder future results. Funding for treatment has not increased at the same rate as demand for treatment; therefore there are fewer new services available. Substance abuse treatment providers are currently seeing more people, but have to work with fewer treatment slots. It is theorized that this has led to shorter treatment stays, and as noted later in this section, length of treatment is an indicator of success.

The 2008 Outcome Monitoring Study notes that clients who were in treatment at least four months had the highest abstinence rate of 69%. But there are other factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment for 91-120 days were more likely to be employed full time at follow up than any other length of stay category. Clients who were in treatment less than 7 days were the least likely to be employed full time at follow up.

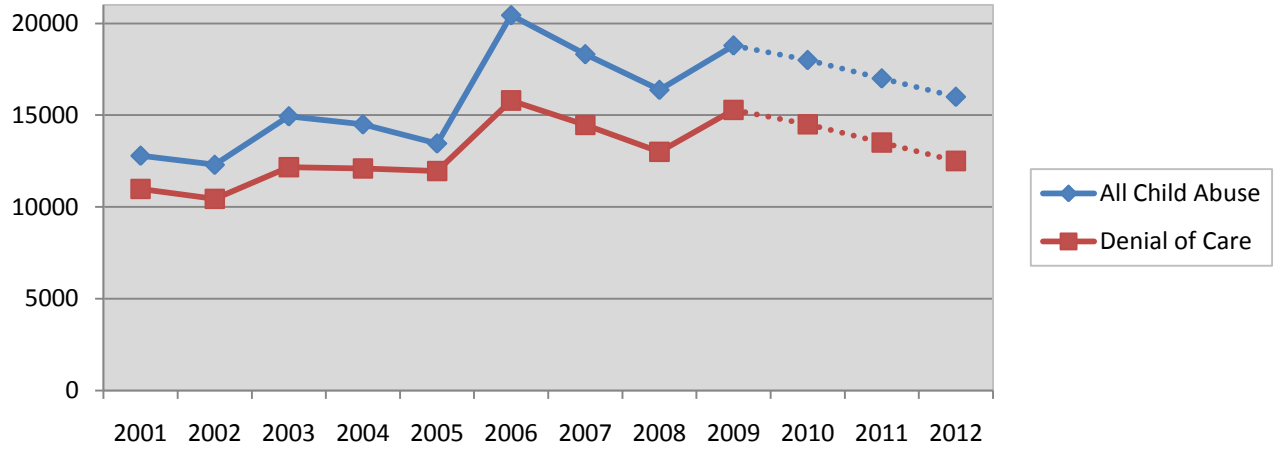
Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

What Works

- Drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system.
- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time
- "Housing first" without requiring individuals to be substance free

Treatment Indicator #1-F

Number of Confirmed or Founded Cases of Child Abuse Related to Denial of Critical Care



Source: Iowa Department of Human Services

*(*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)*
*(**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)*

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. Although it is difficult to quantify a causal relationship between alcohol and other drug use and child maltreatment, experts agree there is a high correlation between parental substance abuse and child abuse and neglect. In Iowa, Denial of Critical Care (child neglect) is the most frequent form of child abuse. While not all Denial of Critical Care abuse is related to parental substance abuse, there is overwhelming evidence that addicted parents/caregivers do not provide adequate care for their children. Iowa has recorded a number of incidents in past years involving children who were victims of child neglect due to one or both parents/caregivers using drugs. It is cases like these that point to the need to recognize the significant impact that drug use has on denial of critical care.

Using data from child abuse cases reported to DHS in 2005, Prevent Child Abuse Iowa conducted a study of denial of critical care cases. Forty-four percent of the cases studied listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. Of these cases related to substance abuse, 75.8% of them involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. Methamphetamine and marijuana were the most commonly abused substances in 38% and 36% of cases respectively. Alcohol was the primary concern in 12.5% of cases and cocaine in 10.2% of cases. Prescription drugs, heroin, and "speed" were also listed as primary substances of abuse in other cases.

In July-September 2008, the Department of Human Services conducted a review of child protective assessments (performed in 20 days). The purpose of the review, 240 randomly selected cases, was to determine if there was a relationship between the primary and/or secondary caregiver's substance abuse and the child protective assessment finding. In 30.1% of the total cases reviewed, there was a relationship between the primary and/or secondary caregiver and the child protection assessment finding. During the course of the review information was gathered regarding substance abuse choice (s). See graph below:

The most common substances abused are consistent across primary and secondary caregivers (categories are not exclusive):

Substance	Primary Caregiver Use	Secondary Caregiver Use	Use by either Caregiver
Alcohol	12.3%	9.2%	17.9%
Marijuana	8.3%	5.5%	9.5%
Methamphetamine	7%	2.5%	7.9%
Cocaine	2.3%	1%	2.3%
Prescription Drugs	0.3%	0.9%	1.2%
Other	1.4%	1.4%	2.5%
No Substance Abuse Issue	74%	82%	67.7%

In 2009, the presence of illegal drugs in a child's body and manufacturing meth in the presence of a minor accounted of 775 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness)

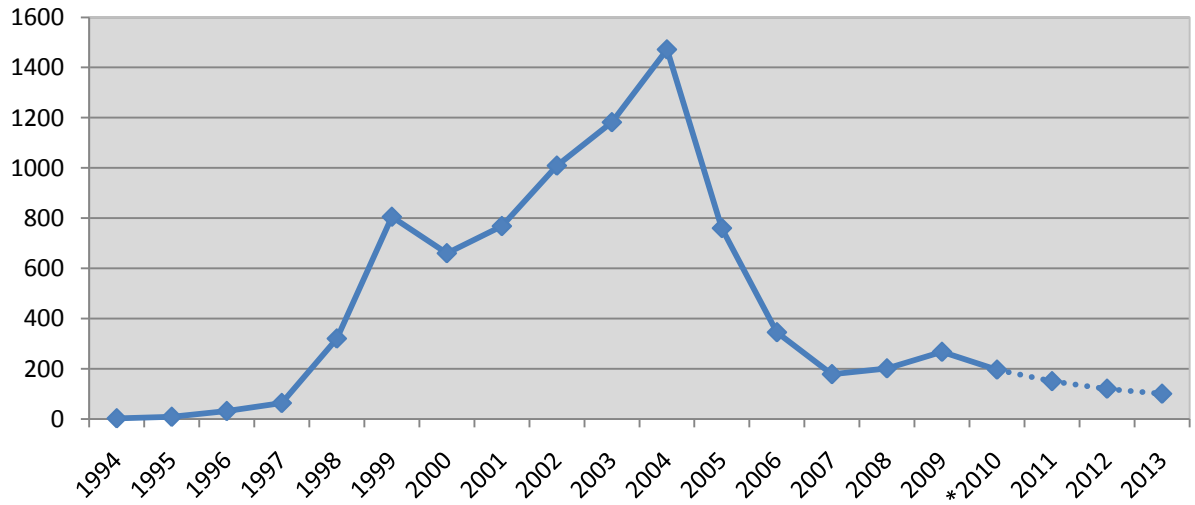
Results #1 – Possible Byrne Program Responses

- Drug Endangered Children Program
- School-based prevention programs with local community coalition participation
- Programs which provide information to the public on emerging drugs
- Public service campaigns to empower parents/caregivers to educate their children about drugs
- Substance abuse prevention services targeting high risk youth and their parents
- Programs that integrate substance abuse prevention services with services provided through the Department of Human Services and the Department of Corrections
- Programs that provide retail alcohol sales training
- Enforcement programs to address drunk and drugged driving laws
- Anti-drug coalitions programs which establish environmental prevention strategies and activities.
- Programs that address underage and binge drinking on college campuses
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Programs to monitor illegal prescription drug abuse
- Intensive supervision programs for drug involved offenders
- Programs to assist offender transition from jail/prison to the community
- Programs that increase treatment resources for juvenile or adult offenders
- Programs that provide substance-free supervised transitional housing
- Programs that improve early identification of substance abuse issues in high risk populations

Result #2: Iowa Communities Are Free From Illegal Drugs

Indicator #2-A

Number of Clandestine Methamphetamine Laboratory Responses



Source: CY 1994-2010 YTD, Iowa Department of Public Safety

The Story Behind the Baseline

Treatment admissions with methamphetamine as the primary drug of choice accounted for 1.0% of all adults and juveniles screened/admitted to treatment in SFY 1992. This percentage increased with the meth epidemic peaking at 14.6% in 2004 and then decreased to 7.5% in SFY 2008. Coinciding with the recent increase in meth lab activity, an increase was seen in the number of treatment admissions with meth as the primary drug of choice (8.8% in SFY 2010).

Methamphetamine is one of the few drugs of abuse which can be easily synthesized using items commonly found in most homes. A new method of making meth, called the one-pot-method or "shake n bake" is also posing a threat to unsuspecting Iowans. These methods generally use less pseudoephedrine and produce meth in smaller quantities, but are no less dangerous than other production methods. They involve putting the toxic and caustic chemicals in a pop bottle and possibly shaking it, which can cause an extremely high amount of pressure to build up in the container causing it to rupture. The biggest danger with this method is the fact that it is fast and portable. The remnants can easily be transported in a vehicle and disposed of in neighborhoods and ditches. Aside from its environmental impact, it especially poses a hazard to children and other unsuspecting Iowans who come into contact with the waste or are impacted by explosions or flash fires from these cooks.

Since the passage of SF 169 in May 2005, there has been a significant drop in the number of methamphetamine labs in Iowa. In 2004, law enforcement officers seized an average of 125 meth labs per month. As of October 1, 2010, meth lab seizures have dropped to approximately 22 per month. State legislation, SF237, to implement a real-time, electronic, pseudoephedrine tracking system was successfully passed in 2009. The system was implemented in 2010. It enhances Iowa's successful Pseudoephedrine Control Act and the Federal Combat Methamphetamine Epidemic Act, and clears up confusion between the two statutes for pseudoephedrine sellers and purchasers. The system connects all pharmacies to identify those who are illegally purchasing more than their daily or monthly limit to make meth. As of October 20, 2010, 100% of pharmacies in the state that sell pseudoephedrine products over-the-counter are actively participating. This connectivity will help reduce smurfing (pharmacy-hopping) and subsequently, meth labs. Law enforcement reports finding the system is already very helpful in meth investigations.

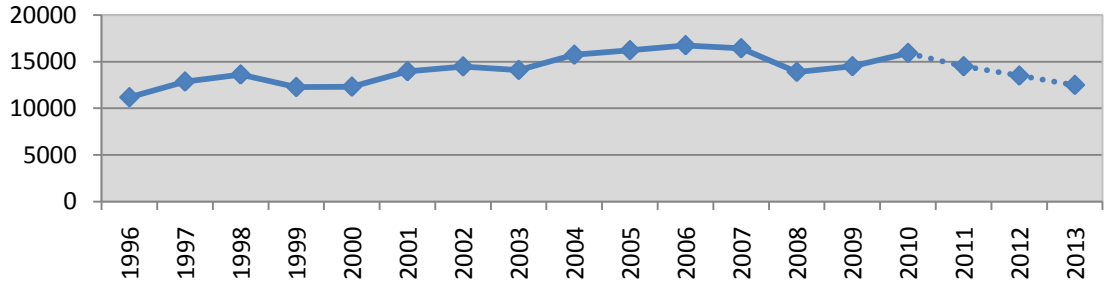
Other tools in the fight to reduce meth labs include Iowa's introduction of anhydrous ammonia tank locks and a chemical meth inhibitor, Calcium Nitrate, which will render anhydrous ammonia virtually useless in the production of methamphetamine. While these are very positive changes, meth labs are back on the rise and still pose a threat to Iowans.

What Works

- Specialized enforcement units to respond to and dismantle clandestine laboratories
- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination
- Collaboration with community sectors such as business, human services, community corrections and health care
- Precursor (pseudoephedrine) tracking and point-of-sale controls
- Environmental prevention policies
- Anhydrous ammonia tank locks
- Chemical inhibitor, Calcium Nitrate, for anhydrous ammonia

Indicator #2-B

Substance Abuse Treatment Program Screenings/Admissions for Adults with a Primary Substance Other than Alcohol



Source: Iowa Department of Public Health, Division of Behavioral Health – FY 1996-2010 SARS/I-SMART

The Story Behind the Baseline

Appropriate and effective substance abuse treatment is essential in breaking the cycle of addiction and the associated public safety, public health and societal dysfunctions.

Few people enter substance abuse treatment without pressure from family members or sanctions from authority figures such as employers or criminal justice officials. For many illicit drug users an arrest is the first step in a long process of recovery and habilitation. In Iowa, more than half of the clients screened/admitted to substance abuse treatment are referred by the criminal justice system. Drug Task Forces play a key role in getting more Iowa drug offenders into treatment. In Iowa counties where there is active drug task force coverage, 45% more treatment admissions are made via the criminal justice system than in counties without task forces. There is an average of 6.17 treatment admissions per 1,000 population via the criminal justice system in task force covered counties versus only 4.26 treatment admissions per 1,000 population in non-covered counties.

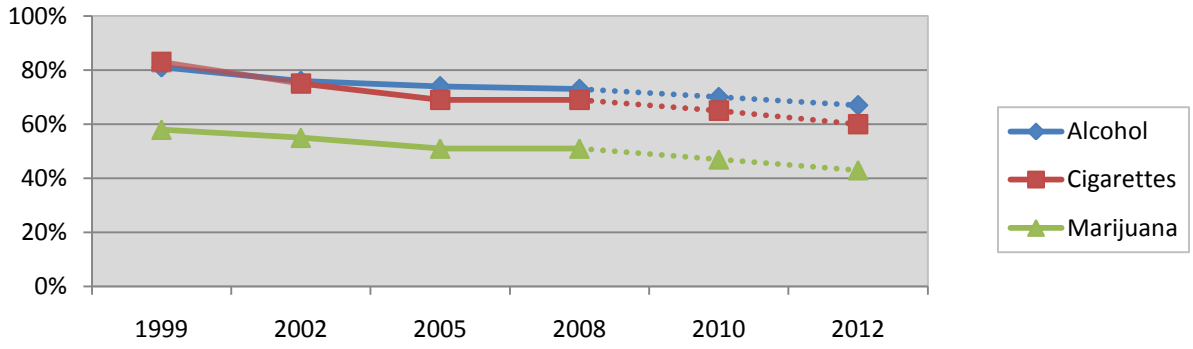
What Works

- Multi-jurisdictional drug enforcement task forces
- Coordinated intelligence collection, analysis and dissemination

- Zero tolerance drug enforcement
- Jail based treatment
- Drug courts
- Intensive supervision coupled with treatment
- Dual-diagnosis/co-occurring treatment programs
- Prescription drug take-back events

Indicator #2-C

Ease of Access to Cigarettes, Alcohol, and Marijuana in Iowa Communities Perceived by Youth



Source: Iowa Youth Survey – 1999 through 2008

The Story Behind the Baseline

The Iowa Youth Survey has shown a reduction in how easy students in grade 11 think it would be to obtain alcohol, cigarettes, and marijuana. Students were asked how difficult they thought it would be for a student their age to get those three drugs. In 1999, 81% of 11th graders thought it would be "easy" or "very easy" to get alcohol, compared to 73% in 2008.

Traditionally, youth in grade 6 use less than students in grade 8, who use less than students in grade 11. Ease of access is a key factor in youth substance abuse. By eliminating drugs from Iowa communities, youth access – and perceived access – would decline.

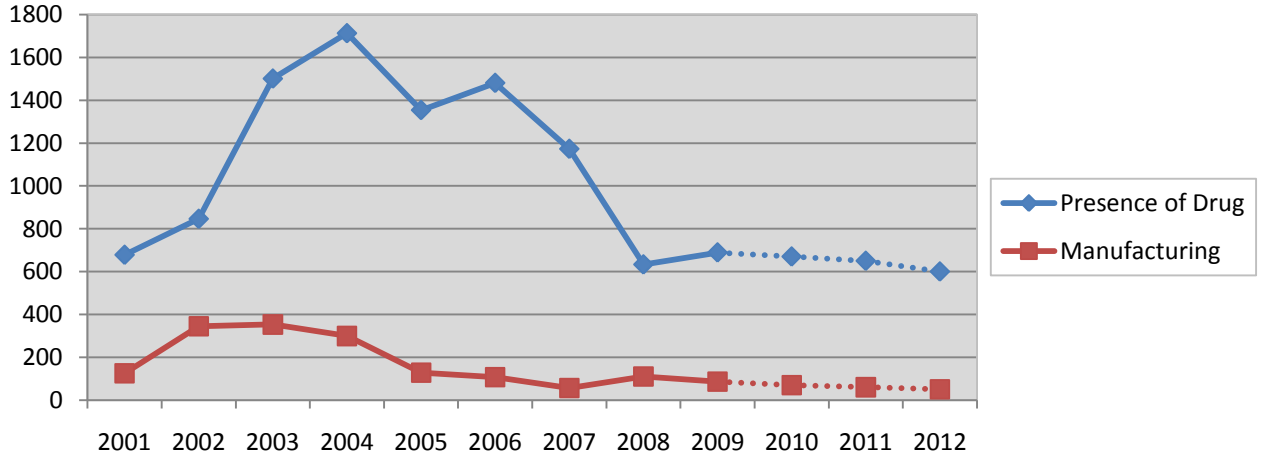
What Works

- Enhancing the capacity for schools to implement evidence-based substance abuse prevention programming
- Increasing the awareness of, and access to, prevention programming and information
- Reducing youth access to alcohol and tobacco
- Comprehensive, community-based prevention strategies
- Use of evidence-based best practices and programs
- Programming that is culturally relevant to the target population
- Cross training among multiple disciplines to enhance understanding and involvement in prevention
- A credible, culturally competent, and sustainable prevention workforce

- Alignment with the national strategic prevention framework, as well as state frameworks, including the components of assessment, capacity building, planning, implementation, and evaluation
- Community coalitions involving multiple sectors
- Mentoring programs based on best practices in mentoring
- Evidence-based parent education programs
- Parents, teachers and other influential adults as healthy role models
- Increased prices on alcohol and tobacco products
- Prescription drug take-back events
- 21 year-old legal drinking age

Indicator #2-D

Number of Confirmed or Founded Cases of Child Abuse Related to Presence of an Illegal Drug in a Child's Body or Manufacture of Meth in the Presence of a Minor



Source: Iowa Department of Human Services

*(*Since a child can be confirmed to be the victim of more than one form of child abuse at one time, the number of types of abuse is greater than the number of children abused)*
*(**Beginning in 2006, DHS reported Confirmed and Founded Abuse totals together, whereas in previous years this chart showed Confirmed cases only.)*
*(*Beginning in 2008 DHS began drug testing fewer children.)*

The Story Behind the Baseline

The use of drugs and abuse of alcohol among families is a pervasive trend that continues to have a devastating impact on the safety and well-being of children. In 2009, the presence of illegal drugs in a child's body and manufacturing meth in the presence of a minor accounted of 775 founded child abuse reports. When all denial of critical care, presence of illegal drugs in a child's body, and manufacturing meth in the presence of a minor are combined, they represent over 85% of confirmed and founded child abuse cases in Iowa.

Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides the motivation for parents to successfully complete the treatment protocol in an effort to be reunited with their children. Treatment can also break the cycle of addiction and abuse, which is often generational, creating a more positive trajectory for the children.

What Works

- Family drug court
- Child welfare-substance abuse partnerships
- Community Partnerships for Protecting Children
- Drug testing
- Improved and expanded intake/screening/assessment and treatment for system involved clients
- Drug Endangered Children program
- Community-based follow-up and support services
- Substance abuse treatment
- Parenting programs
- Addressing co-occurring disorders (substance abuse and mental illness)

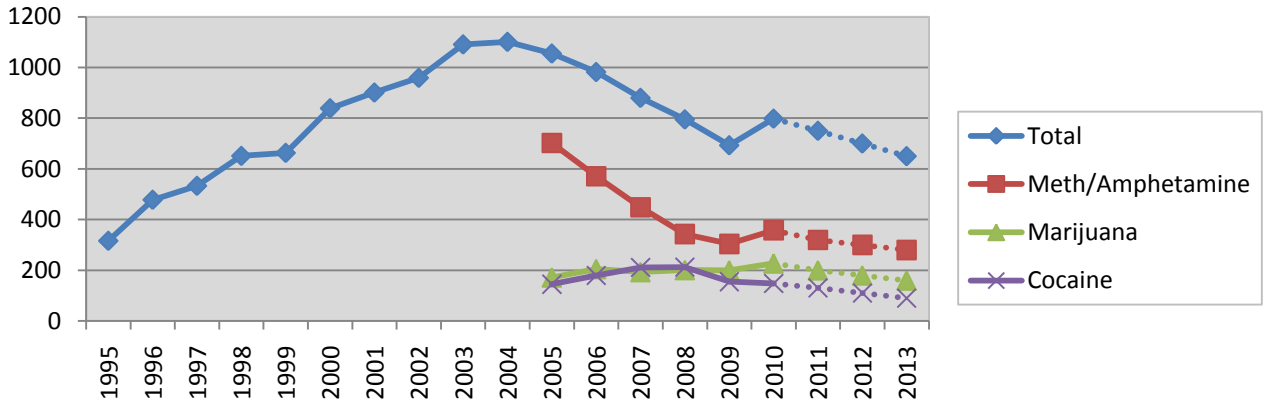
Results #2 – Possible Byrne Program Responses

- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult drug court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole

Result #3: All Iowans are Safe from Drug Abusing Offenders

Indicator #3-A

New Drug-Related Prison Admissions



Source: FY 1995-2010 Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning

The Story Behind the Baseline

The use of alcohol and other drugs has long been associated with crime. Although the study has been discontinued, data collected by the Arrestee Drug Monitoring program (ADAM), showed a clear connection between the two. In 2003, in Polk County alone, 75% of males and 61% of females entering the jail tested positive for at least one controlled substance. Though the data above represents admissions to prison specifically for drug charges, it is related to a much broader range of criminal activity.

As demonstrated by the above chart, meth admissions have begun to rise again, along with the resurgence of meth lab incidents in Iowa. According to the FY 2006 State Legislation Monitoring Report by Criminal and Juvenile Justice Planning (CJJP), drug-related admissions constituted 32.2% of all prison admissions at their peak in 2004. FY2005 saw the first reduction of drug-related prison admissions in a decade, and they continued to decline for five straight years. This reduction was largely driven by a sharp decline in meth cases after the implementation of SF169 in May of 2005. A breakdown of the data by drug type was not available until 2005.

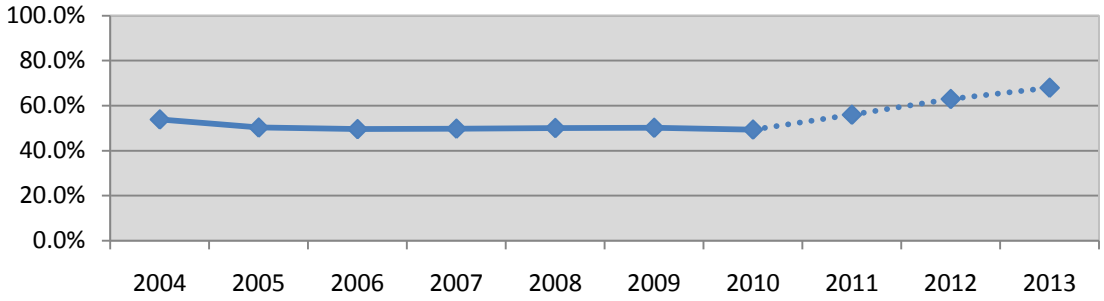
What Works

- Precursor controls
- Environmental prevention policies
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Diversion to treatment
- Co-occurring disorder (substance abuse and mental health) programming and treatment

- Long-term aftercare programming and wrap around services to reduce recidivism
- Prison to community transitional and re-entry services
- Indicated prevention programs for at-risk youth
- Jail-based treatment
- Drug task forces

Indicator #3-B

Percent of Community Based Offenders with Identified Substance Abuse Treatment Needs Who Have Received Treatment



Source: FY 2004-2010 Iowa Department of Corrections

The Story Behind the Baseline

Studies have shown that substance abuse treatment reduces drug use and crime. The Iowa Consortium for Substance Abuse Research and Evaluation conducts an annual outcomes evaluation of publicly funded drug treatment clients, on behalf of the Iowa Department of Public Health, Division of Behavioral Health. Findings from the 2009 report include:

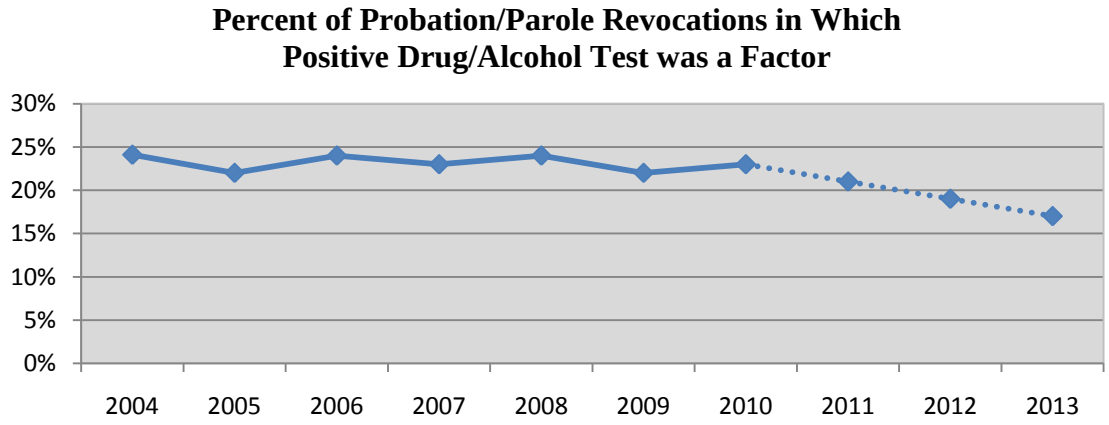
- 79.8% of clients reported no arrests in the six months post discharge from treatment.
- Full-time employment increased from 24% at treatment admission to 38.6% six months since discharge from treatment.
- 56.4% of clients remained abstinent six months since their discharge from treatment.

As the data demonstrate, all Iowans are safer when offenders returning into the community have completed substance abuse treatment.

What Works

- Institution-based treatment with community aftercare
- Therapeutic communities with aftercare
- Jail-based treatment
- Drug courts
- Drug-free housing
- Intensive supervision coupled with treatment
- Wrap-around services (e.g. life skills training, anger management classes, housing and transportation assistance) and long term aftercare programming
- Dual-diagnosis/co-occurring programs

Indicator #3-C



Source: FY 2004-2010 Iowa Department of Corrections

The Story Behind the Baseline

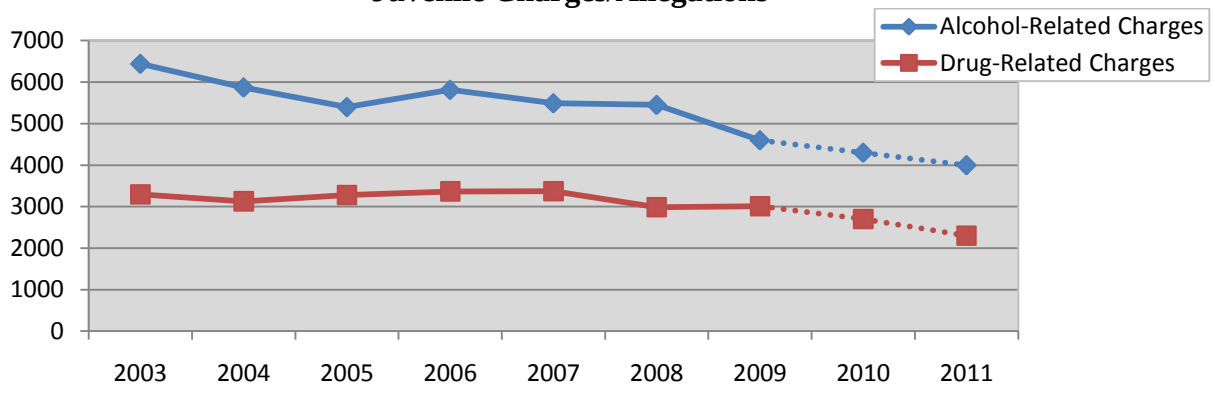
Appropriate substance abuse treatment improves public safety, and tracking the number of probation/parole technical revocations due to substance use is an indicator of the quality of the treatment provided. People who are abusing alcohol and drugs are more inclined to commit crimes and pose a public safety threat. About 90% of prison inmates abuse alcohol and/or drugs. Treatment works, but not all who need it receive it. In addition, not all treatment programming is created equal. The treatment strategy goes a long way toward predicting future relapse and recidivism. Though not strictly probation clients, approximately one-half of individuals whose treatment length was 31-60 days remained abstinent in the six months after discharge from treatment, compared to approximately two-thirds of clients whose treatment length was over 90 days.

What Works

- Use of evidence-based best treatment practices
- Longer treatment regimens (up to 12 months)
- Individualized treatment plans
- Family involvement
- Faith-based treatment
- 21 year-old legal drinking age

Indicator #3-D

Number of Alcohol and Other Drug-Related Juvenile Charges/Allegations



Source: CY 2003 - 2009, Iowa Justice Data Warehouse

The Story Behind the Baseline

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their drug use or drinking. In 2009, 7,608 Iowa youth were charged with alcohol or drug-related crimes, such as OWI, possession, distribution, or supplying to a minor. These OWI and drug-related charges make up approximately 25% of all juvenile charges and allegations. The State Training School at Eldora and the Iowa Juvenile Home at Toledo provide highly structured, restrictive environments to assist teenagers who are adjudicated as delinquents or children in need of assistance (CINA). In FY 2009, an average of 72% of the youth at the State Training School and 54% of the youth admitted to the Iowa Juvenile Home were in need of substance abuse treatment. The average age of admittance is 16.3 years for youth adjudicated delinquent at both facilities; at Toledo the average age of admittance is 15.9 years for CINA Females and 14.7 years for CINA Males.

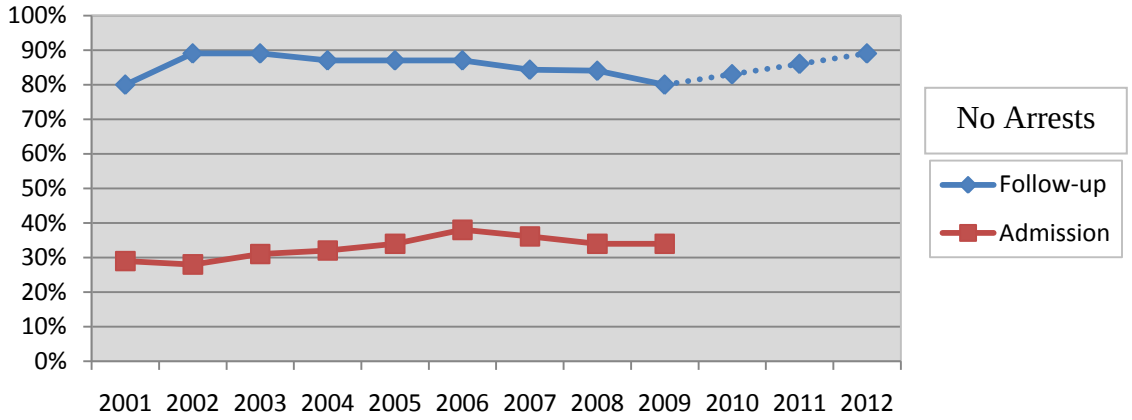
What Works

- Adult to youth mentoring utilizing best practices
- The organization of anti-drug community coalitions involving professionals, parents, and others who support prevention efforts
- Environmental prevention strategies focused on modifying attitudes and behaviors regarding drugs of abuse
- Substance abuse prevention programming targeting identified high-risk youth and their parents/caregivers
- Positive youth development programs and strategies
- A credible, culturally competent, and sustainable prevention workforce
- Employment and job shadowing programs for at-risk youth
- Coordinated services between education, vocational rehabilitation, the Department of Human Services, and Juvenile Court officers
- Intervention Programs such as Rethinking Drinking
- Prescription drug take-back events
- 21 year-old legal drinking age

Indicator #3-E

Percent of Treatment Clients With No Arrests Six Months Post Treatment

No Arrests: 33.6% at admission, 79.8% at Follow-up



Source: Iowa Department of Public Health Division of Behavioral Health – Outcomes Monitoring System
Prepared by the Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa

Story Behind the Baseline

Two-thirds of treatment clients who participated in the Year Twelve Outcomes Monitoring Study had arrests prior to treatment. But, six months after treatment, nearly 80% of clients had no arrests.

Substance abuse treatment can be very successful. But there are factors that can increase the effectiveness of treatment. The client must first be motivated to complete the program. For some this motivation may come from the risk of termination of parental rights, imprisonment, or other sanctions. Length of treatment is also an indicator of success. If a client can remain in treatment a minimum of 61 days, the outcomes are notably better. Clients must also have high accountability, supervision, monitoring and structure. Clients who remained in treatment 7-30 days were more likely to be arrested during the follow-up period than any other length of stay category. Clients who were in treatment for 61-90 days had the highest no arrest rate (90.9%) at follow-up.

Treatment providers must seek a comprehensive understanding of their clients and their drugs of choice. Treatment must be comprehensive, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change). Effective treatment addresses addiction issues and, has a long-term positive impact on the addict, his or her family and friends, and the community-at-large.

What Works

- Drug task force enforcement of laws, which leads to more treatment admissions via the criminal justice system
- Individualized treatment plans
- Motivational Interviewing Case Management
- Best practices in treatment
- Increased accessibility and capacity for treatment
- Early identification
- Aftercare services
- A credible, culturally competent, sustainable, and licensed treatment workforce
- Retention in treatment – longer stays produce better outcomes
- Drug Courts
- Family education and involvement
- Treating substance abuse and mental illness (co-occurring disorders) at the same time
- "Housing first" without requiring individuals to be substance free

Results #3 – Possible Byrne Program Responses

- Programs that divert non-violent offenders from jail/prison to treatment
- Jail-based drug treatment programs
- Co-occurring disorder community based programs
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Drug Endangered Children program

Coordination of Efforts

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include the United States Attorneys from the Northern and Southern Districts of Iowa, a member of the Iowa National Guard, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. This information is reviewed and discussed regularly, and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy

Performance Measures

The Governor's Office of Drug Control Policy will include language in all grantee sub-contracts which identify the performance measurements required by the Byrne-JAG program. Quarterly reporting on these measures will be a condition of receiving grant funding.

Beginning with the grant cycle covering state fiscal year 2010 (July 2009-June 2010) the Governor's Office of Drug Control Policy implemented an electronic grant management system.

The grant management system is capable of administering grants from application through close out. Financial and program reporting is a standard component for each grant and includes the BJA Justice Assistance Grant Program Performance Measures along with other special reporting requirements associated with the grant program. Grantees are required to submit these measures though the grant management system on a quarterly basis.

In addition to those indicators prescribed by BJA, the Office of Drug Control Policy continues to collect performance measures which track the activities and specific objectives of individual projects & programs. This information will be combined with the data collected for BJA in assessing program performance and will be submitted in the state annual report. The grant management system will require that sub-recipients be current with program progress reporting to be eligible to process financial claims for reimbursement.

Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Assistant Director of Programs. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Chief Financial Officer.